

GH Tech Report: FIRST UNEDITED DRAFT

Assignment: GH Tech I.129 OVC Track I.0 Program Evaluation

Date: December 12, 2008

Report Status:

Status	Step
	First Draft reviewed by USAID (and others as appropriate) and comments submitted to GH Tech
	Comments distributed to the consultant(s) by GH Tech
	Revised draft prepared by consultant(s) and submitted to GH Tech
	Revised draft submitted by GH Tech to USAID for final content review
	Revised Draft content approved by USAID and any final changes submitted to GH Tech
	Final content changes made by consultant(s) and submitted to GH Tech
	Editing and formatting arranged by GH Tech
	Final edited/formatted report reviewed by USAID and approval sent to GH Tech
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PEPFAR TRACK 1.0 ORPHANS AND OTHER VULNERABLE CHILDREN (OVC) PROGRAM EVALUATION

Limited Internal Distribution

December 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by [list authors here] through the Global Health Technical Assistance Project.

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This document was submitted by The QED Group, LLC, with CAMRIS International and Social & Scientific Systems, Inc., to the United States Agency for International Development under USAID Contract No. GHS-I-00-05-00005-00.

ACKNOWLEDGMENTS

The evaluation team would like to thank Colette Bottini, the OVC Technical Advisor at the Office of HIV/AIDS in USAID for her gracious assistance with the coordination of the evaluation. The team would also like to thank the USG Missions and partners in the field who were very generous with their time and knowledge at a particularly busy time of year. Without their support, the work of the team would have been seriously hindered. Finally, to those community members who shared their insights and experiences in working with children, we would like to express our admiration and respect. You represent the safety net for these children in need.

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AVSI	The Associazione Volontari per it Servizio Intemazionale
CA	Christian Aid
CBOs	Community-Based Organizations
CCF	Christian Children’s Fund
CRS	Catholic Relief Services
CSSG	Community Self Help Savings Group
DHS	Demographic Health Survey
FBO	Faith-Based Organization
GH Tech	Global Health Technical Assistance Project
GFATM	Global Funds for AIDS, TB and Malaria
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HWW	Hope World Wide
FHI	Family Health International
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
OI	Opportunity International
OVC	Orphans and other Vulnerable Children
PCI	Project Concern International
PEPFAR	President’s Emergency Fund for AIDS Relief
PLWA	People Living with HIV/AIDS
RAAAP	Rapid Assessment, Analysis and Action Planning
SLA	Savings and Loan Associations
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USG	United States Government
VHB	Village Health Bank
WC	World Concern
WFP	World Food Program

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EXECUTIVE SUMMARY

BACKGROUND

The PEPFAR OVC Track 1.0 program is a centrally-funded USAID initiative announced in November 2003 which aimed, in part, to help scale up support to orphans and vulnerable children affected by HIV/AIDS in the fifteen PEPFAR focus countries. Fifteen organizations received awards under this program, the bulk of which are scheduled to end in June 2010.

In October 2008, USAID contracted with the Global Health Technical Assistance Project (GH Tech) to conduct an external evaluation "...to ascertain the collective impact, strengths and weaknesses of the Track 1.0 OVC portfolio." The three evaluation objectives are to:

- 1) Evaluate the achievements of the Track 1.0 OVC Portfolio based on the collective and individual experience and accomplishments of the Track 1.0 cooperative agreements.
- 2) Assess and document the management of the OVC Track 1.0 portfolio and of the OVC cooperative agreements individually.
- 3) Identify and recommend strategies and priorities for the future direction of PEPFAR OVC programming and mechanisms.

This evaluation, undertaken by a team of four independent consultants took place between October – December 2008, with field work in four countries: Kenya and Uganda (Team 1) and Namibia and Zambia (Team 2) between November 1 – 21 2008. Eighty-two organizations or agencies were visited, with over 300 people participating in interviews or meetings. The teams provided a de-briefing to in-country mission, to in-country partners and to Washington USG and partners.

This report provides finding on the achievements of the Track 1.0 OVC program, the challenges for OVC programming, the management of the Track 1.0 OVC programs, and the plans for the transition to ensure continuity of the services. Recommendations are given on orphans and vulnerable children programming, on mechanisms for the future, and on steps for the transition.

FINDINGS

Key Findings on Overall Achievements

- 12 / 14 prime partners will achieve their targets or exceeded them (with varied attention to sustainable service provision) despite challenges posed by the funding mechanism
- 69% of prime partners and 73% of sub-partners volunteered 'increased awareness of the needs of OVC' as a specific achievement of the OVC Track 1.0 portfolio. This was achieved through an impressive network of small community organizations throughout the countries engaged in Track 1.0 OVC programs.
- 78% of prime partners and 50% of mission staff volunteered capacity building of sub-partners and implementing community groups (and in some cases prime partners themselves and local-level government structures) as an achievement of the overall OVC Track 1.0 portfolio

Summary of numbers of orphans and vulnerable children ever served by a Track 1.0 OVC Program

Start of project to March 31 2008	OVC target planned for LOA	Actual OVC target achieved
Africare	137,500	181,914
AVSI	11,136	12,522
CARE	61,000	66,744
Christian Aid	29,375	35,991
CCF	46,600	43,757
CRS	100,370	111,306
FHI	77,500	15,131
HWW	140,085	85,464
OI	48,103	47,963
Plan International	Awaiting report	Awaiting report
Project Concern	144,749	236,308
Project Hope	75,000	39,987
Salvation Army	57,551	57,016
World Concern	150,500	132,326

The targets set for OVC Track 1.0 programs seem to be higher (with a lower cost per child) than bilateral OVC programs. It is the evaluation team's opinion that the initial push for numbers (of children reached) resulted in some partners offering the services with the least cost attached or offering services to the most accessible audiences. The relatively small amounts of money that is available for program implementation after management and other costs were deducted from the budget was an issued repeatedly raised by sub-partners but not primes.

The Track 1.0 OVC programs represent an impressive network of local organizations with the awareness and skills needed to reach out to vulnerable children in the community. For example, CCF works through 80 community groups in Kenya, CAFO in Namibia provides assistance to 180 local community projects and AVSI works through 81 local partners across Uganda, Rwanda and Kenya.

Key Findings on Challenges with OVC Strategies:

- The communication and **interpretation of the OVC Guidance** was not systematic or consistent. This was magnified in Track 1.0 OVC programs.
- The **definition of an OVC** – especially the age of the child and the links to HIV – has in some cases negatively impacted on program strategies.
- The vast majority of programs **rely heavily on volunteer efforts, which may threaten the sustainability**. More focus is needed on identifying strengths and opportunities for older children, young people and guardians to engage more directly with programs.
- **Integration with country program**
 - Geography: Track 1.0 OVC programs were designed based on the presence of partners in order to scale up quickly and meet high targets, not on Mission country strategy or government plans.
 - Partner selection: The partners chosen to be Track 1.0 OVC partners would not necessarily have been the partners chosen by a mission for various reasons. This had both positive and negative implication.
 - Government: At the beginning of Track 1.0 OVC, some missions were not able to integrate the Track 1.0 OVC partners with the USG response that had been coordinated with the host government.

- **Wrap Around:** At country level OVC partners try to play complementary roles and leverage resources, but too little focus and attention has been given to prevention for vulnerable children. In some instances there is under-utilized potential for linking prevention, care and treatment programs both within a single partner and within a given locality.

Key Findings on management

- Externally designed and managed programs may make it more difficult for the US government to pursue its aim of increasing host government input and responsibility.
- Centrally funded programs add a number of layers to decision making and communicating increasing the complexity of problem solving.
- The multi-country nature of the Track 1.0 programs engaged partner regional and headquarter offices in a unique way that encouraged greater cross-country learning and sharing within a partner's organization.
- Centrally funded mechanisms can alleviate some of the administrative burden on countries with small or no USG presence.

Key Findings on Transition to Ensure Continuity

- The significant progress and network of partners is at jeopardy of being lost due to uncertainty and lack of clarity. Clear communication and signals are needed firstly from USAID Washington and secondly by the Missions.
- Partners in Washington and at country level are more confident about the current strategies for continuing the programs than the local community organizations.
- All stakeholders are actively engaged in exploring possible avenues for continuation of services to the children in their care.

RECOMMENDATIONS

OVC Program Recommendations

- 1: Future programs in support of orphans and vulnerable children need to focus more on systems strengthening at different levels: government; community and household.
- 2: Targets should emphasize a support for households served in order to minimize stigma; address the under 5s and young people; support families as the primary care givers and giver of services; minimize the need for volunteers, while still allowing projects to reach large numbers of children.
- 3: Rather than the cost per child formulae for judging a program's efficiency, it might be more helpful to look at what percentage of funds reaches local partners either as a capacity building activity, as a sub-grant, or as direct material support.

Future Funding Mechanism Recommendations

- 1: Future OVC service delivery agreements should be managed bilaterally rather than through a central mechanism where requested by in-country missions.
- 2: Administrative management support for service delivery agreements will be necessary only when requested by missions or for non-presence countries.
- 3: Mechanism Recommendation 3: Facilitation of learning and sharing across countries and partners, and the provision of external technical assistance to missions on request, will be necessary to improve the quality of program interventions and management.

Transition for Continuity Recommendations

1: Countries must absorb the assets of the Track 1.0 investment

2: Future funding for continuity of services must be shifted from USAID/Washington to the field missions, and designated for such use.

- USG headquarters should clearly explain to mission offices each step in the flowchart in order to overcome uncertainty about program transitions and continuity. Clarifications about next steps should be conveyed through multiple channels such as phone calls, emails, and personal visits as each case may require.
- Mission offices (especially those with many Track One programs) need to be informed of what additional funding they might have access to for the continuation of services.. Communication between USG headquarters and mission offices about transition should include detailed explanations on what mission offices need to put in place, and OVC
- USG head office should have stakeholders meetings with prime partners' headquarters staff to discuss key aspects of transition plans that concern them. The mission offices on their part should discuss transition plans with in-country partners (including key government officials) and relevant sub-partners.

SECTION I. INTRODUCTION

The PEPFAR OVC Track 1.0 program is a centrally-funded USAID initiative announced in November 2003 which aimed, in part, to help scale up support to orphans and vulnerable children affected by HIV/AIDS in the fifteen PEPFAR focus countries. Fifteen organizations received awards under this program, the bulk of which are scheduled to end in June 2010.

In November 2008, USAID contracted with the Global Health Technical Assistance Project (GH Tech) to conduct an external evaluation “...to ascertain the collective impact, strengths and weaknesses of the Track 1.0 OVC portfolio.” The three evaluation objectives are to:

- 4) Evaluate the achievements of the Track 1.0 OVC Portfolio based on the collective and individual experience and accomplishments of the Track 1.0 cooperative agreements.
- 5) Assess and document the management of the OVC Track 1.0 portfolio and of the OVC cooperative agreements individually.
- 6) Identify and recommend strategies and priorities for the future direction of PEPFAR OVC programming and mechanisms.

This evaluation report is organized according to the evaluation objectives. Section 1 gives the background to the Track 1.0 OVC awards and Section 2 considers the methodology of the evaluation. Section 3 deals with the findings around achievements, technical challenges, management and transition issues. Section 4 looks at recommendations for program strategies for orphans and vulnerable children programs, for mechanisms for future awards, and at how the transition can be managed.

1.1 BACKGROUND

The Annual Program Statement (APS) solicitation first issued in November 2003 listed the OVC Track 1.0 program objectives as follows:

- To provide comprehensive and compassionate care to improve the quality of life for orphans and other vulnerable children.
- To strengthen and improve the quality of OVC programs through the implementation, evaluation and replication of best practices in the area of OVC programming.
- Additional important program objectives address U.S. Government priorities of sustainability, capacity-building and institutional strengthening across public and private sector partners, including community and faith-based organizations that are working in this vital area.

The APS sought proposals to increase care and support to orphans and other vulnerable children (OVC) and adolescents affected by HIV in two or more of the PEPFAR focus countries.

In the five years since the program’s inception, the awardees have adapted their original programs to meet changing OVC Guidance and other programmatic priorities and needs defined by both OGAC and the in-country teams.

1.2 AWARDS

Between February 2004 – August 2005, 15 cooperative agreements were awarded by USAID under the Track 1.0. OVC program. Awards ranged from three to five years, though the bulk (twelve) of the original awards were for 5 years. Below is an overview of the awards. (Please note that this table only reflects what was awarded. A complete list of awards, funding, countries and targets is available in Appendix C.)

Table 1: Summary of Awards

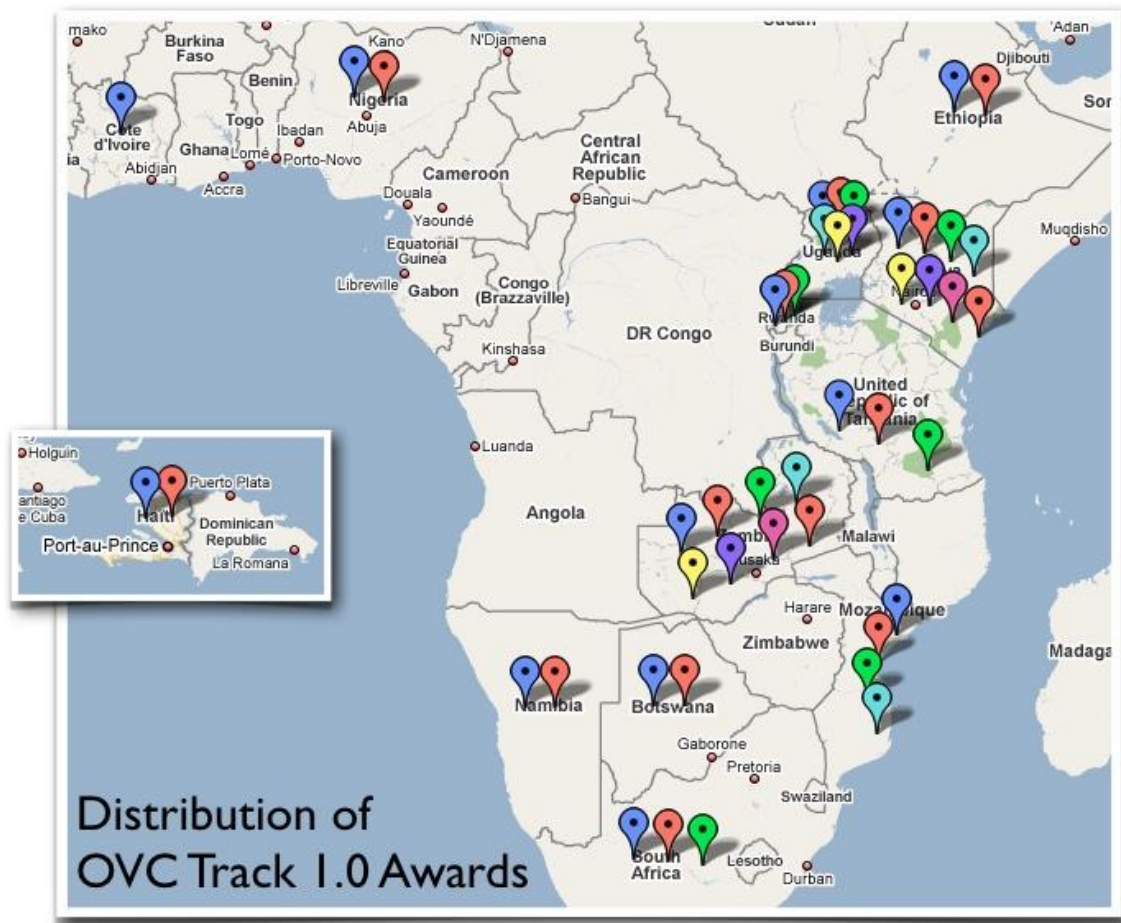
	Total	Average
Total Amount	\$140 million	\$9.3 million per award
Federal Share	\$107 million	\$7.2 million per award
Match	\$32 million	30%
Years	Between 2004-2010	5 years each
Countries	13	3 per award
Targets	1,981,016*	50,795* per country
Annual Funding Per Country, Per Award		\$667,778
Track 1.0 OVC Projects In-Country	45**	3.5 Track 1.0 partners per country

* Does not include Salvation Army or Opportunity International

** CRS added Botswana and AVSI added Cote d'Ivoire after the initial awards were made.

Though the average number of awards per country is 3.5, the awards were not evenly distributed among the 13 countries. Nine countries had 3 or fewer Track 1.0 partners, and four countries (Kenya, Zambia, Uganda and Mozambique) had over 50% of the individual Track 1.0 in-country projects.

Figure 1: Distribution of Track 1.0 OVC Awards



1.3 CURRENT STATUS

One of the Track 1.0 programs, Save the Children, closed out in 2007. The remaining awards were set to expire between February 2009 and August 2010. In an effort to coordinate the transition of these awards, thirteen of the awards have been extended until June 2010. Family Health International will keep its original August 2010 end date.

SECTION 2: EVALUATION METHODOLOGY

This evaluation used a participatory approach as the overarching methodology. This included:

- A series of meetings with key USG staff at Washington DC to identify areas of emphasis in the evaluation which then factored into the design of the instruments employed.
- The review of background materials including the annual program statement, cooperative agreements, OGAC OVC Guidance (2006), semi-annual and annual reports, partner specific brochures and other relevant documents (details in Appendix xx).
- Key informant interviews involving face-to-face meetings, and phone calls.
- Site visits to community projects or activities supported by the program.
- In-briefing and de-briefing with country USAID Missions and partners
- In-briefing and de-briefing with USG and partner headquarters.

The evaluation team was composed of four consultants with diverse expertise including program design, child and youth development, HIV/AIDS, project management, monitoring and evaluation. The four consultants were paired into two teams each of which visited two countries selected from the 13 countries with Track 1.0 OVC programs. Team one visited Uganda and Kenya, while team two visited Zambia and Namibia. The justification for selecting the four countries are convenience, funds available for the evaluation, availability of key mission staff, and countries that were not involved in the almost concluded Track 1.0 ABY evaluation. The design of the evaluation ensured that all 14 prime partners (and key and/or representative sub-partners) within the multi-county PEPFAR OVC Track 1.0 portfolio were visited at least once during the evaluation.

Key informants were selected based on different roles played in the PEPFAR Track 1.0 mechanism, design, and implementation— either as coordinators from the United States Government (USG) headquarters or mission office, program implementers in-country, or policy makers in the participating country's government. The table below shows that in total, 317 key informants were interviewed from 82 different agencies or institutions. Details on the descriptions of the key informants are provided in Appendix B.

Table 2: Summary of key informants

Type	Description	# of Org.	# of Ind.
USG Washington	CTOs, OGAC OVC TWG, Others	1	11
RHAP	Regional OVC Senior Advisor; Human Capacity Development Advisor Southern Africa	1	2
Country Missions	Activity Managers/OVC Advisors, Team Leaders, M&E Officers, PEPFAR Coordinators, and other key personnel (South Africa Mission by phone call and Haiti by Questionnaire)	6	17
Key Govt. Personnel	Ministry of Gender, Labour and Community Development, Uganda; OVC Secretariat, Ministry of Gender and Children Affairs, Kenya; Ministry of Sport, Youth, and Child Development, Zambia; Chairperson of National AIDS Council, Zambia; Ministry of Gender Equality & Children Welfare, Namibia	5	11
Partner Head Quarters	Hope WW, Project Concern Int., World Concern, CRS, FHI, Project HOPE, Christian Children's Fund, CARE, Salvation Army, AVSI, Africare, Plan International, Opportunity International	13	18
Partners In-country	Hope WW; Project Concern; CRS; FHI Namibia, FHI Zambia, Project HOPE, Christian Aid, Christian Children's Fund, CARE International, Salvation Army, AVSI, Africare, Plan International (World Concern & Opportunity International do not have in-country offices in Zambia)	13	114
Sub-Partners	CRWRC; CETZAM; Habitat; Diocese of Solwezi; Diocese of Mongu; ECR; NCMZ; Bwafwano, CAFO, Positive Vibes, BIDII, K-REP Microfinance, PACT, Inter-Religious Council of Uganda, Save the Children in Uganda, Pathfinder, Kenya	15	48
	Community Schools/teachers groups/Voc. Centers/ECD	9	21
	Church committee/religious leader	3	26
	Branch offices	2	4
	SLAs/Village Health Banks	4	31
	CBO recipients	10	14
	Sub-total	(26)	(96)
Total		82	317

The three key objectives of the evaluation were the basis for the design of a logical framework to guide the data collection and analysis. Indicators for each evaluation objective were identified and their means of verification ascertained. Questionnaires were then designed to capture information on the qualitative aspects of the logical framework indicators while other (mostly quantitative) indicators were verified through document reviews.

Four sets of questionnaires were developed to elicit information on knowledge and understanding of the purpose of the Track 1.0 OVC portfolio, major achievements and best practices, technical issues with the implementation, fit of the Track 1.0 with other OVC programming, wrap-around and linkages with other Track 1.0 programs. The questionnaires also included questions on management of the Track 1.0 mostly with respect to strengths and weaknesses in the relationship between USG head office, mission offices and partners and local recipients of the Track 1.0 OVC funds. Specific management issues probed on the centrally funded mechanism are monitoring, evaluation and research, financial management, supervision

and coordination, communication, human capacity development, planning and other issues. Other key topics teased out with the instruments are capacity building and continuity of services to the OVC served, and future recommendations for strategies and programming. The content of the four questionnaires were mainly the same except on areas that needed emphasis based on the target audience.

The data collected were summarized in Microsoft Excel data capture files. Analysis included textual classifications of the responses in the data capture files, and highlighting of emerging themes. Three to four key themes were identified as major findings on each of the key areas of the evaluation. The themes identified were interpreted and reported as major findings in this report supported by texts for the data collected as necessary.

It is important to highlight the limitations of the methodology employed since this has implications on generalization of the findings of this evaluation. The countries selected were not based on the characteristics of country missions. For example, some mission countries have many Track 1.0 partners while others have a few. Countries with fewer Track 1.0 partners may produce different results than those with many Track 1.0 partners. In this evaluation three out of the four countries had six or more partners, while overall nine of the thirteen countries have three or fewer Track 1.0 OVC Programs. The countries selected were all in Eastern or Southern Africa. An implication of focusing on fewer countries is that there will be more country specific conclusions than general conclusions of the entire Track 1.0 OVC mechanisms as a whole. Also, it is important to note that while consultants tried to review as many documents as possible, some day-to-day process documents that may have vital information for the evaluation may have been omitted unknowingly.

Following presentations to PEPFAR and USAID Washington, as well as to partners, the evaluators circulated a draft report to USAID and the partner annexes to the relevant partner. Comments and corrections were incorporated into the final draft.

SECTION 3: FINDINGS

The findings are divided in four sections: Achievements, Programmatic Challenges, Management and Transition.

3.1 OVERALL ACHIEVEMENTS OF THE TRACK 1.0 OVC PORTFOLIO

Key overall achievements

- 12 / 14 prime partners will achieve their targets or exceeded them (with varied attention to sustainable service provision) despite challenges posed by the funding mechanism
- 69% of prime partners and 73% of sub-partners volunteered ‘increased awareness of the needs of OVC’ as a specific achievement of the OVC Track 1.0 portfolio
- 78% of prime partners and 50% of mission staff volunteered capacity building of sub-partners and implementing community groups (and in some cases prime partners themselves and local-level government structures) as an achievement of the overall OVC Track 1.0 portfolio

The overall achievements of the OVC Track 1.0 portfolio are listed above and described below in more detail. These three achievements represent those most often identified by those interviewed at all levels within the US Government, prime partners and their major sub-partners. Additional key achievements that were expressed less consistently across all interviews but which were significant to particular sub-groups interviewed can be summarized as follows:

Table 3: Additional key achievements

Sub-group of interviewees	Specific achievements of the OVC Track 1.0 portfolio
CTOs and mission staff	<ul style="list-style-type: none"> • Missions introduced to some new OVC NGO partners (particularly INGOs) and programmatic models which are now ‘tried and tested’ and constitute an asset for the in-country mission • Allowed a scale-up in the OVC programming in non-presence countries and countries where missions have limited staff capacity compared to their existing workload
Prime partners and sub-partners	<ul style="list-style-type: none"> • Allowed organizations that did not have existing relationships with in-country US missions and/or resource mobilization capacity at the country level to compete for OVC Track 1.0 funding through their NGO headquarter office • Facilitated OVC accessing a more comprehensive range of services either directly or indirectly through the efforts of OVC Track 1.0 programs • Allowed sharing of programmatic learning and problem-solving across countries with prime partners organizations through the regional aspect of the program designs, and between OVC Track 1.0 partners, particularly at the headquarter level

1. 12 / 14 prime partners will achieve their targets or exceeded them (with varied attention to sustainable service provision) despite challenges posed by the funding mechanism

The most unanimously agreed achievement identified during interviews was the achievement of high targets set for OVC Track 1.0 partners. The total target of OVC to be reached for 13 of the 15 OVC Track 1.0 agreements is 1,981,016¹ with an average of 50,795 per country.

Table 4: Summary of numbers of orphans and vulnerable children ever served by a Track 1.0 OVC Program

Start of project to March 31 2008	OVC target planned for LOA	Actual OVC target achieved
Africare	137,500	181,914
AVSI	11,136	12,522
CARE	61,000	66,744
Christian Aid	29,375	35,991
CCF	46,600	43,757
CRS	100,370	111,306
FHI	77,500	15,131
HWW	140,085	85,464
OI	48,103	47,963
Plan International	Awaiting report	Awaiting report
Project Concern	144,749	236,308
Project Hope	75,000	39,987
Salvation Army	57,551	57,016
World Concern	150,500	132,326

The targets set for OVC Track 1.0 programs seem to be higher (with a lower cost per child) than bilateral OVC programs.

Table 5: Budgets as compared to targets

Country	Track 1.0 OVC budget as % of total country OVC Budget	Track 1.0 OVC targets as % of total country OVC targets
Kenya	7.6%	15.7%
Namibia	14.6%	9%
Uganda	Awaiting information	Awaiting information
Zambia	29%	40%

(based on 2007/08 information from the missions)

Of the two prime partners that will not achieve their targets (Christian Children's Fund and Population Concern International) the most common reason given was changes in the program design to ensure more longer-term, comprehensive service delivery in line with their interpretation of the 2006 OGAC OVC Guidance. The 12/14 partners that will achieve their targets includes FHI whose original targets were inaccurately calculated and have been adjusted down, meaning that they will be met. Although achieving high targets of OVC (and caregivers) reached will have improve the lives of these children and their caregivers, the initial emphasis on quantity rather than quality of programs, and lack of rigor in reviewing and strengthening the initial program designs, has meant that some partners have paid inadequate attention to quality, sustainability, capacity building and strengthening of public/private partnerships (additional important program objectives outlined in the APS). For example, a lack of attention to parity across ages (see graphs below) has resulted in a focus on primary school children at the cost of OVC under 5 years of age and in some cases the cost of children over 12 years of age. Lack of

¹ Excluding Opportunity International and Salvation Army

attention to quality and sustainability of services is now having repercussion for the transition and longevity of services currently being provided through the OVC Track 1.0 program by USAID, but also for the empowerment and ownership of OVC challenges at community level.

The first set of pie graphs below presents the services received by OVC through all OVC Track 1.0 partners in each of the four countries visited. The second set presents the age of children that have been directly reached through all OVC Track 1.0 partners in the four countries visited. In all cases psychosocial support (PSS) is the most frequently service followed by health care (apart from for Zambia. It is the evaluation team's opinion that the initial push for numbers (of children reached) resulted in some partners offering the services with the least cost attached or offering services to the most accessible audiences. For example, addressing learners in primary schools with life skills (health) or with a self esteem building program (psycho-social service) is a relatively cost-effective way to reach a large number of children, rather than the more expensive options associated with secondary school education or early childhood development.

Figure 2: Breakdown of direct service provided to orphans and vulnerable children

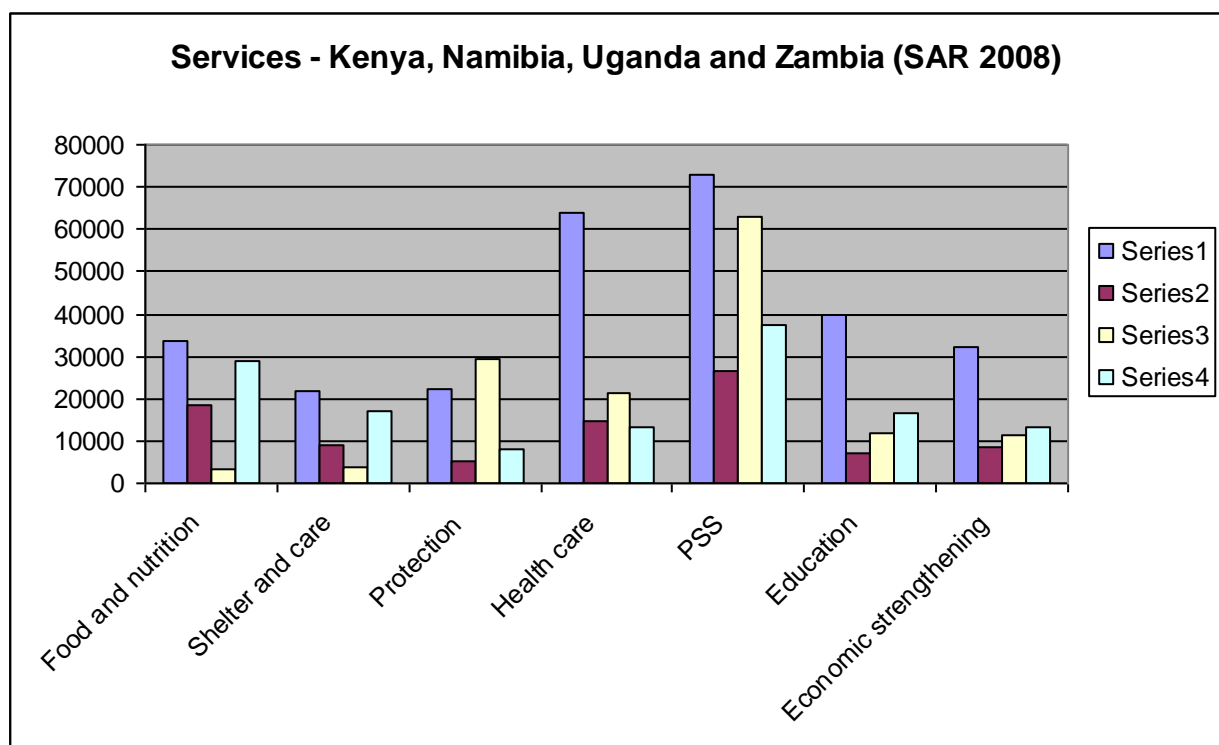
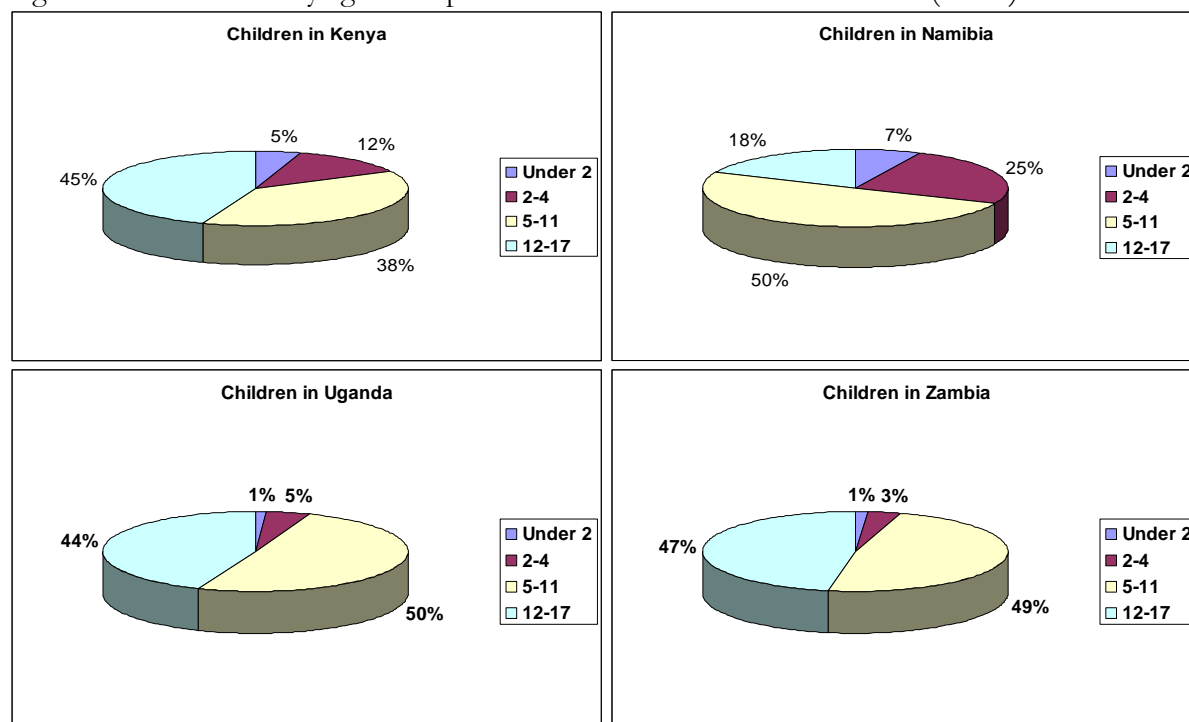


Figure 3: Breakdown by age of orphans and vulnerable children reached (direct)



Note: Proportionately, the age breakdown should be: Under 2 (11.11%), 2-4 (16.67%), 5-11 (38.89%) and 12-17 (33.33%)

Although PEPFAR is tracking particular service provision, the data is difficult to analyze as in many countries there are no minimum standards for service delivery². The original suggested APS indicators included measures against quality standards; these were later dropped in favor of i) number of OVC reached and ii) caregivers trained (and later reintroduced to some extent through the 2006 OGAC OVC Guidance).

13 /14 prime partners volunteered 2 or more of the following challenges, posed by the OVC Track 1.0 mechanism as hindering their potential to achieve their targets³; these included:

- initial (and on-going) delays in work plan approval resulting in implementation delay;
- late, and imbalanced, funding obligations has made long-term work planning difficult, caused tension between prime partners and sub-partners (e.g. Breaking Barriers/Plan International), and required some primes to re-plan annual work plans (FHI and CRS);
- conflicting interpretation of the 2006 OGAC OVC Guidance and whether primes should be implementing services that are not available to wrap-around; lack of formal process to ensure that primes and mission staff have interpreted the OVC Guidance as intended
- weak problem solving structure as the OVC Track 1.0 management (both for USAID and Prime partners) and power is separated from the problems faced in-country e.g. development of efficient M&E tools, linkages to wrap-around services, and problem solving between primes and sub-partners.
- additional staff time needed to report to both USAID Washington and local missions (using different OVC Guidance for each) and volunteer time to collect monitoring data in line with OVC Guidance on M&E within the 2006 OGAC OVC Guidance (e.g. Salvation Army trained teachers and home-based care volunteers are now regularly

² See Appendix D for a table for different inputs which partners are counting for different services

³ Although some of these challenges are not unique to the OVC Track 1.0 portfolio, these points were raised in the context of the central funding mechanism exacerbating these challenges due to weak management – many of these issues are explored in more detail in Section 3.3.

monitoring 57,000 OVC which is affecting their motivation and time to provide PSS to OVC);

The relatively small amounts of money that is available for program implementation after management and other costs were deducted from the budget was an issued repeatedly raised by sub-partners but not primes. Local community organizations may receive as little as US\$ 20 per child to deliver services. Although this limitation may also exist within bilateral OVC programming there are often more partner headquarter and/or regional costs due to the involvement of headquarter staff for technical backstopping and regional program management. Headquarter staff involvement has been beneficial overall in many cases, but in some cases, where INGOs and their affiliates are used as sub-partners, funds pass through multiple layers before the money reaches communities (e.g. Breaking Barriers/Plan International). Local sub-partners expressed the difficulty in determining how to spread their limited resources given the huge apparent needs. This is especially true for the provision of educational expenses such as uniforms, fees and supplies. Block grants to schools, assistance to community schools, and links to government support mechanisms are all strategies that partners have used to address the high demand and high cost of an education service in a relatively sustainable way, however continued funding is still necessary to support high cost services like this.

2. 69% of prime partners and 73% of sub-partners volunteered ‘increased awareness of the needs of OVC’ as a specific achievement of the OVC Track 1.0 portfolio

Increased awareness of the needs of orphans and vulnerable children has primarily been achieved through the impressive network of community organizations established or assisted by the Track 1.0 OVC program. 9/15 prime partners reported using the ‘best practice’ resource, Journey of Life (developed by the Regional Psychosocial Support Initiative (REPSSI)) as a key tool for raising awareness of the needs of children at the community level. The high number of CBOs supported through Track 1.0 OVC programs resulted in a considerable reach and impact of efforts to raise awareness of needs of OVC at this level. For example, CCF works through 80 community groups in Kenya, CAFO in Namibia provides assistance to 180 local community projects and AVSI works through 81 local partners across Uganda, Rwanda and Kenya. Track 1.0 OVC partners have also worked at national level on policy development. Three out of six Track 1.0 OVC partners in Zambia and all the partners in Namibia supported their relevant ministry in the development of OVC standards and OVC Guidance.

3. 70% of prime partners and 50% of mission staff volunteered capacity building of sub-partners and implementing community groups (and in some cases prime partners themselves and local-level government structures) as an achievement of the overall OVC Track 1.0 portfolio

The APS outlined *‘sustainability, capacity-building and institutional strengthening across public and private sector partners, including community and faith-based organizations that are working in this vital area’* as an important program objective. Although an achievement for many, capacity building has also been a weak area for some partners due to their original program design. A rough analysis of the varied program design approaches used by the OVC Track 1.0 primes reveals three basic categories of approaches. The use of these different approaches has a significant impact on a prime’s ability to build the capacity of local partners for the longevity and continuity of services

beyond the life of the program. The three categories and alignment with each prime partner are as follows:

Program design approach	Prime partners
a) Working solely through local affiliates and/or INGOs who are sub-partners with little or no direct in-country presence	Opportunity International, World Concern
b) Working through local indigenous intermediary NGOs (responsible for capacity building of local CBOs)	Christian Aid, Family Health International, Catholic Relief Service, Population Concern International,
c) Working directly with a large number of small community responses (with a relatively large field office presence)	Population Concern International, CARE, Africare, AVSI, Plan International, Salvation Army, Christian Children's Fund, Hope World Wide

*Some partners operate in more than one way

Evidence of local level capacity building of sub-partners or local implementing partners was observed for 12 out of 14 partners. Working through a local indigenous intermediary NGOs is a model typically used by INGOs that are focused on capacity building to achieve service delivery rather than direct service delivery. This approach has advantages and disadvantages, however a key advantage is by investing in an established indigenous intermediary NGO, the prime can focus on building the capacity of this NGO in terms of quality of new and existing program interventions, M&E and follow-up, and organizational development including planning and resource mobilization. This intermediary NGO then remains in *insitu* to support CBOs and communities as necessary through support from other donors and/or host government in the future. This allows the prime to fulfill its program objectives and leave a viable 'vehicle' in place for continued or expanded service delivery. For this model to be effective, the intermediary organization must be capable of providing quality mentoring and training to the smaller local organizations.

Working directly with a large number of small community responses requires intensive engagement by field office staff in building the capacity of CBOs to be able to access resources and support for future service delivery e.g. through the local government, wrap around services etc beyond the program lifespan. CCF which works with 80 community responses in Kenya is actively working to build the capacity of these CBOs utilizing its relatively large staff power to building their capacity to mobilize resources and to integrate their programs with local government structures and work plans. However, CCF's own informal estimates are that only 40 to 50% of these local CBOs will be able to sustain services after the end of the program. Although well linked to Government structures, there are limited resources available (human and financial) to support the CBOs future service delivery work). Much like Africare in Uganda, CCF is having to intensify capacity building of local CBOs to try and ensure continuity of services. Without a local intermediary organization, CCF is reliant on the capacity of CBOs to mobilize resources directly which is unrealistic in many cases.

Clear examples of intentional capacity building of local government structures were observed in 8 out of 14 partners (such as support for local level Government action planning, strengthening of local level multisectoral committees run by local Government officials, and local level advocacy for policy implementation). Where observed this was an intentional sustainability strategy used by some prime partners to compliment their program design approach and 'development philosophy'. However, some missions said that bilateral OVC programs are more

systematically building the capacity of local government structures and services (e.g. through APHIA II in Kenya).

58% of primes volunteered that their own capacity had been built through the implementation of OVC Track 1.0 programs. Specific aspects of increased capacity that were observed included strengthened processes for OVC selection and monitoring (all primes to a varying degree) and more established in-country program management presence e.g. Christian Aid and Salvation Army.

Overall, although built capacity has clearly been achieved through the vast majority of programs, it seems from reports and interviews that, in most cases, no clear capacity development plan was made from the start, on-going capacity assessments were rarely used, and there has been little acknowledgement of existing capacity on the ground along with achievements and challenges relating to this e.g. lower staff turnover, better local knowledge and resource mobilization.

3.2 PROGRAMMATIC CHALLENGES

Some of the issues presented in this section are not confined to Track 1.0 OVC programmes or partners. They cut across many USAID/PEPFAR programmes that support orphans and vulnerable children. Given the commonality of these concerns across the wide range of partners included in this evaluation, the points below may merit some attention in future programming for orphans and other vulnerable children.

Key Findings on Challenges with OVC Strategies:

- The communication and **interpretation of the OVC Guidance** was not systematic or consistent. This was magnified in Track 1.0 OVC programs.
- The **definition of an OVC** – especially the age of the child and the links to HIV – has in some cases negatively impacted on program strategies.
- The vast majority of programs **rely heavily on volunteer efforts, which may threaten the sustainability**. More focus is needed on identifying strengths and opportunities for older children, young people and guardians to engage more directly with programs.
- **Integration with country program**
 - Geography: Track 1.0 OVC programs were designed based on the presence of partners in order to scale up quickly and meet high targets, not on Mission country strategy or government plans.
 - Partner selection: The partners chosen to be Track 1.0 OVC partners would not necessarily have been the partners chosen by a mission for various reasons. This had both positive and negative implication.
 - Government: At the beginning of Track 1.0 OVC, some missions were not able to integrate the Track 1.0 OVC partners with the USG response that had been coordinated with the host government.
 - Wrap Around: At country level OVC partners try to play complementary roles and leverage resources, but too little focus and attention has been given to prevention for vulnerable children. In some instances there is under-utilized potential for linking prevention, care and treatment programs both within a single partner and within a given locality.

3.2.1 The interpretation of the OVC Guidance

The Orphans and Other Vulnerable Children Programming OVC Guidance 2006 (OVC Guidance), was provided to the Track 1.0 OVC partners well into year 2 of the program period. In some instances, especially at the onset, it was used as an edict, not as OVC Guidance. The understanding and implementation of the OVC Guidance varied across countries. The Missions interpreted and contextualized it for the bi-lateral partners as best they could. Track 1.0 OVC partners were included in this at times, and at other times depended on information from their head office concerning the interpretation and implementation of the OVC Guidance.

Track 1.0 OVC partners reported trying to offer or at least to monitor more services than had been in their original Cooperative Agreement in order to count each child as a direct primary recipient. The OVC Guidance demanded a much more robust monitoring system to distinguish between primary and supplementary beneficiaries. Partners were able to meet the challenge, but the potential value of the monitoring systems has not been fully realized. The OVC Guidance encouraged partners to look beyond Track 1.0 OVC targets, and to focus more on outcomes. However, due to the lack of minimum quality standards in some countries and to varying interpretations, the guidelines were often applied in a mechanistic manner with the focus still on counting rather than on quality. The aggregation of the data on essential services may hide more than it reveals, and the pressure to count services may overshadow a focus on outcomes. (See appendix xxx)

3.2.2 The definition of an orphan and vulnerable child

The definition of an orphan and vulnerable child – especially the age of the child – proved problematic for many partners. Nine out of 14 partners at country level cited the OVC definition, especially the age limit, as a concern, as did eight out of 15 sub-partners. Some partners and some missions were more flexible and innovative than others in addressing the age restriction on who qualifies as a child. The definition, in line with country definitions and the Convention on the Rights of the Child, states that a child is someone under the age of 18. All the organizations in Namibia and Zambia said they were not allowed to provide services with Track 1.0 OVC funds to children over eighteen years of age. Organizations did manage to source other support for these children, especially to complete their schooling, to attend vocational training, or to run their households. It is understood from the interviews that some missions allow partners to work with those vulnerable youth who are over 18, but count them as caregivers. In Kenya partners appeared more likely to do this or to overlook the age of the child.

Although partners recognize the importance of working with the whole family, and many interventions target a household – for example the provision of a home or involvement in a micro-financing/savings and loan association -there is still a prevailing emphasis on counting a child served. The team thinks this is due to the emphasis on meeting targets of number of children served compounded by the need to count particular services. The focus on the family and community, very clear in the OVC Guidance, was not translated into clear strategies or targets.

3.2.3 Sustainability and Participation

All projects work with community level groups – such as schools, or savings and loans groups, or church committees or volunteer child care organizations. The groups usually receive training on the psycho-social needs of children, financial management, and how to identify vulnerable children in the community. These groups are generally volunteer- led and managed and in many instances are a positive, active force for children in their communities. There was limited evidence of young people's and older children's participation in these groups.

In the team's overall assessment, more emphasis is needed on the role of parents, guardians, and older youth as carers of themselves and others, not only as recipients of services. Both the APS and the OVC Guidance mention young people and older children as agents for change in the communities, but greater attention should be given to opportunities to engage young people as a resource in the community.

The community groups rely on trained volunteers to visit children and households. A consistent theme in the interviews with local partners and sub-partners was the problem of volunteer attrition. Possible reasons for this attrition are the pull of incentives from other projects in the vicinity and the push of burn out due to excessive demands. In a number of instances volunteers were said to be serving up to thirty households thorough home-visits (although the ideal ratio was given as 1 volunteer to 6 -8 households) and were expected to undertake a multitude of tasks for a large number of children. Programmes still rely excessively on volunteer labor to deliver and monitor services. The need to count children has been devolved to volunteers who are now responsible not only for providing compassionate care, but also for monitoring exactly what that care entails. Volunteers must now note which services are given to a child in a household – a prayer (PSS); some help with homework (education); a talk on abstinence (health and prevention). This focus undermines the whole point of the OVC Guidance in provision of holistic comprehensive care. In addition many volunteers are the prime data capturers and with the increasing demands for more detailed monitoring are being asked to record the minutia of their work. Volunteer attrition threatens the sustainability of a programme.

3. 2.4 Integration within the Country

Geography:

Three missions mentioned that the geographic spread of Track 1.0 OVC partners was not ideal. According to the interviews, partners based their decisions on where to work on where they had some existing partner or program. This was done to facilitate a quick start-up to meet targets. Many partners chose to work near the main transport routes as working in isolated, remote areas has substantial transportation costs attached, and may have made it difficult to reach the targets set. In the majority of cases, though not all, this did allow for a reasonably quick and smooth establishment; however it did not take into sufficient consideration the missions' own strategic plans or bi-lateral agreements or the geographical gaps identified by the host government. In Zambia the mission asked one Track 1.0 OVC partner not to operate in a particular area as it duplicated work by a bi-lateral OVC programme. The Kenyan mission asked two partners (CARE/CCF) to modify in which districts they operate and to work closely with existing partners in those districts.

Partners:

The partners chosen to be Track 1.0 OVC partners did not reflect the choice of the missions. This has had both positive and a negative implications. Some of the Track 1.0 OVC partners were weak in - country, or even non-existent. In two particular instances missions reported on having difficulty even finding the partner. In other instances the partners were already bi-lateral partners. In a number of cases sub-partner selection also proved problematic for the missions, as the sub partners were already engaged with the mission through other mechanisms, and missions prefer to consolidate their interaction with a particular organization. Two missions commented that they were exposed to some new and strong partners through Track 1.0.

Government:

At the beginning of Track 1.0, some Missions were not able to coordinate the USG response to

host government because of the plethora of independent Track 1.0 partners. The majority of Track 1.0 OVC partners did not appear to have consulted the national plan of action on children or the HIV Strategic Plans in formulating their programs, though partners did mention choosing countries based on HIV prevalence rates and the numbers of orphans in that country. In Kenya Track 1.0s had not been trained to report through the government system unlike bi-lateral OVC partners. One national-level host government official noted that the externally designed and managed programs were counter-productive to efforts to empower local decision-making. One country's comprehensive HIV/AIDS program had to work around Track 1.0 programs.

Recently more and more partners participate at district or regional level in OVC Forums or District AIDS Committees and provide data to government through these mechanisms. At national level the coordination of the response for orphans and vulnerable children requires more technical assistance and support. This is happening through bi-lateral programs.

Wrap Around:

In the majority of instances partners – both international and local - are involved in other HIV/AIDS related activities such as palliative care, prevention messaging, and VCT and treatment adherence. The same partners that are Track 1.0 OVC partners may be sub-partners in a USAID bi-lateral agreement. The forums or platforms created by the Missions had the potential to bring OVC partners together and provided opportunities for them to locate complementary services, especially for food and nutrition, economic strengthening and housing. In some instances there is under-utilized potential for linking prevention, care and treatment programs both within a single partner and within a given locality and the ability of partners to integrate prevention and other key services into their OVC work varies.

Just as the OVC Guidance emphasized a holistic approach to a child, USAID may need to consider a holistic approach to its partners, so that a partner is able to visualize its work as a unified program, rather than as separate pieces along the prevention, care treatment and impact mitigation spectrum.

3.2.6 Promising Practices

The evaluation team identified potentially promising practices in each country to highlight in the report. These are innovative responses to some of the technical challenges mentioned above. Promising practices had been shared at the yearly Track 1.0 Partner Meetings held in Washington DC and at the regional meetings of some partners. It was less evident that best practices had been shared within a country with other OVC programmes. Not all the successes described below can be attributed only to the Track 1.0 program, as many of the partners received support and technical assistance from other bi-lateral agreements.

Sub granting

A number of partners make sub-grants to local NGOs who in turn sub-grant to communities. This practice offers a mechanism to get decision making and authority down to the appropriate level. Communities are best placed to identify the most vulnerable children and families and to allocate resources accordingly. The intermediary partner is thus empowered to make sub-grants with the accompanying financial management and accountability skills. The local community partner also develops skills in managing finances, in reporting, and in monitoring. This has been shown to provide a good basis for future fund raising and thus a solid foundation for the continuation of services to children. Some local partners visited in the course of the evaluation make sub-grants ranging from US\$ 50 to US\$ 60,000.

Economic Strengthening (Savings and Loan Associations and Micro-Financing)

Christian Aid's program uses Savings and Loan Associations (SLA), adapted from the CARE model, as a sustainable source of funding to meet the needs of the OVC they care for and as an entry point to provide services to other OVC in the community. The SLAs are made up of OVC caregivers including older orphans who are heads of households. They are organized, trained and monitored by Christian Aid's indigenous sub-partners. In addition to economic strengthening, the SLAs have several other tasks related to orphan care, such as conducting regular OVC household monitoring visits, and managing food and nutrition "self-help" projects, funded and implemented by the SLA members. In addition, the SLAs help identify the neediest orphans and vulnerable children in the community OVC in the community and fund the necessary resources to allow them to access education. Over time, these SLAs caregivers have proven to be the most motivated members of the local OVC committees, that are otherwise made up of community leaders (often men). In Namibia Project HOPE has married a similar micro-lending program using solidarity groups with health and parenting education, a further positive innovation to an economic strengthening approach.

School-Based Educational Support: Block Grants and Community Schools

A number of partners provide block grants to a school instead of individual bursaries to children. This supports improved education for all vulnerable children in a community. A block grant is a resource exchange strategy in which a school receives a cash transfer in exchange for exempting orphans and vulnerable children from paying school fees. The grant can be used for infrastructure improvement, purchasing of text books or other learning aids that benefit all children in the school. In addition school personnel receive training in proposal writing, and psycho-social support for orphans and vulnerable children. A study from Africare/Uganda showed substantial cost savings in using a block grant versus a tuition payment scheme. In one school to enroll 100 children would have costs US\$ 100,000, while the same children were accommodated for a block grant of US\$2000. In addition the strategy helps reduce stigma by not targeting an HIV affected child orphan particularly, while increasing teachers' knowledge of HIV and AIDS and psycho-social needs of children.

Other programmes have also used general support to a school rather than tuition for specific children effectively. In two of the countries visited programs assisted community schools to reach the standards required to be accredited by government. In this process orphans and vulnerable children who would otherwise not be attending school were accommodated in accredited schools.

Center based initiatives - The One Stop Shop

Small community initiated and led organizations can grow into well resourced and mature institutions to support orphans and vulnerable children. Bwafwano in Zambia, a Track 1.0 OVC sub-partner of OCI, and a sub-partner within the bi-lateral RAPIDS program, offers a number of services to the children in its catchment area. These services include early childhood development programs, schooling, counseling skills, and visits at the attached clinic, VCT, and legal protection. All the services are offered on site, some being provided by Bwafwano and some by other organizations using the facilities. 1,300 OVCs have been able to access various types of services. Between 60-70% are able to access medical care and support (including de-worming, immunization etc). Bwafwano provides counseling services to children between the ages of 6 and 16-- over 150 children have been counseled. Through the PCI/BELONG program, between Oct. 2007 and Nov. 2008, over 7,000 new OVC enrolled with Bwafwano. The organization has increased in geographical scope to include many sites, from three main catchment areas. Bwafwano is now a mentoring organization mentoring FBOs and CBOs.

3.3 ASSESSMENT OF MANAGEMENT ISSUES FOR THE TRACK 1.0 OVC PROGRAMS

Key Findings on Management:

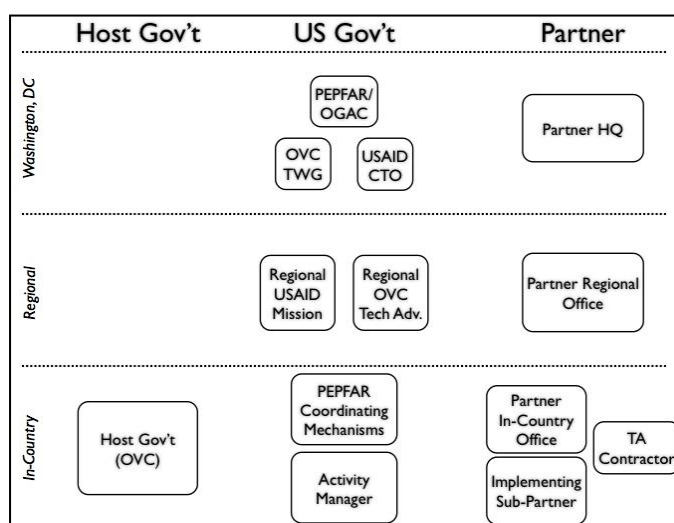
- Externally designed and managed programs may make it more difficult for the US government to pursue its aim of increasing host government input and responsibility.
- Centrally funded programs add a number of layers to decision making and communicating increasing the complexity of problem solving.
- The multi-country nature of the Track 1.0 programs engaged partner regional and headquarter offices in a unique way that encouraged greater cross-country learning and sharing within a partner's organization.
- Centrally funded mechanisms can alleviate some of the administrative burden on countries with small or no USG presence.

The OVC Track 1.0 program is a centrally-funded program managed by USAID. As such, the solicitation, selection and management of these awards are coordinated by USAID/Washington, where both the Cognizant Technical Officer and Agreement Officer reside. Implementation of these programs is coordinated in-country through the US Government's PEPFAR country teams, who assign activity managers to act as technical liaisons. All but one partner received multi-country awards, with each award covering an average of three countries.

3.3.1 Levels of Management

Washington/International Headquarter Management Roles

The Washington/headquarter level was primarily involved with administrative management issues, including financial management, contracts and compliance. The primary day-to-day people at this level include the USAID/Washington-based CTO, and the partners' headquarter staff. In addition, these offices had a key role in planning and reporting. However, partners managed planning in a variety of ways. In some cases, headquarter offices took the lead in planning and reporting. In other cases, the responsibility for planning and reporting was put on the country offices, while the headquarter staff compiled the documents and provided feedback and comments. Finally, another key management role played by headquarter staff was troubleshooting various management issues, and providing program management backstopping to field offices.



Regional Office Management Roles

Regional offices had an increased role in Track 1.0 due to the multi-country nature of the programs. However, the use of regional offices by partners varied, and the involvement of

USAID regional mission was very limited due to staff and budget limitations of these offices. Of the partners that used regional offices, some took on many of the roles and responsibilities that might have otherwise been managed by an international headquarter office, such as coordinating planning and reporting. In some instances the regional manager doubled as a country technical officer. In a few cases, partners attempted to manage programs from a regional office. However, this often proved challenging, and these partners eventually chose to hire in-country managers. Perhaps the most successful role of regional offices was to provide technical support and program management backstopping to the in-country offices.

Country Level Management Roles

Each country was asked to assign a Track 1.0 activity manager, who is primarily involved in direct day-to-day program management. This includes working with the partners in country to put program design, plans and OVC Guidance into local context, monitoring and evaluating program performance, and managing staff and financial resources on the ground. In addition, in-country staff for both the USG and partners were involved in engaging the host government, with the USG staff primarily engaging national-level host government officials, while partners engaged local government officials.

3.3.2 Partner Internal Management

Partners used a variety of models to implement their programs. Important variations included the use of regional offices, and how sub-partners and community-level groups were engaged. For example, some partners used regional offices primarily as technical liaisons, while others gave regional offices a greater role in direct program management. The different partnership models used to engage community groups, such as direct engagement vs. using an intermediary indigenous NGO, have some long-term impacts on the capacity building and sustainability elements of the programs.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Cross-country learning and sharing of staff closely involved in program implementation • Technical and program management backstopping from regional and HQ levels • Cost-savings/economy of scale allowed hiring of more qualified individual at regional level to support multiple programs 	<ul style="list-style-type: none"> • Additional overhead costs • Monitoring data not always flowing back to implementers • Projects and partnerships designed at HQ level often difficult to reconstruct to fit at country-level • Multi-layered approach that could slow communication

Learning and Sharing Across Countries Within Partners

- One partner described an exchange visit in which they noted their sister program in another country had been engaging local government officials, which improved their program's linkages to other services in the area. Upon return, they increased their engagement of local officials. During the evaluation visit, a local official praised this partner for their efforts at engaging the local government, and linking with other service providers – a direct result of the exchange visit.
- One partner shared program innovations, including a particularly innovative approach to

their economic empowerment model and their M&E database, with each of their country programs.

Regional/HQ Technical Assistance and Support

- One program reported that having regionally-based technical assistance helped their country program because it helped consolidate experiences from other country programs, and provide regular feedback and OVC Guidance.
- One partner noted that they had received regular technical advice, research and best practice documents from their HQ office, which was participating in monthly OVC-related forums in Washington, and passing information on to the country office.
- One partner noted that their regional technical person participated in monthly OGAC-sponsored OVC TWG conference calls, where they were able to get updates on various OVC-related issues, such as the child status index, and engage country offices in discussing these issues. Another partner noted that its regional officer was a conduit for experience-sharing between the countries.

Cost Savings/Economy of Scale with Regional Programs

- Two partners noted that they were able to hire more experienced regional program managers who provided technical support and program management backstopping to their country programs.
- One partner hired a country director who doubled as a regional technical advisor, which was a cost savings to the program.

3.3.3 USG Internal Management

Management processes and procedures at each level within the US Government system are very structured, and well defined. However, the communication lines and division of roles and responsibilities between the different levels – e.g. between USAID/Washington and the missions – are not well defined. Thus it was largely left to the individual USAID/Washington Track 1.0 CTOs to try to build relationships with the activity managers at each mission, and to create roles and responsibilities.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Administrative Management burdened alleviated from missions 	<ul style="list-style-type: none"> • Unclear lines of communication, and unclear roles and responsibilities between CTOs and Activity Managers • Ratio of CTOs (and in some cases AMs) to # of agreements managed is high • Lack of funding for countries to pay for staff to provide support to partners

Communication and Coordination Between CTOs and AMs

- Activity managers noted they were not involved in the decision to extend the agreements to June 2010. In fact, they were not even aware that the decision had been made to extent all agreements to that date.
- One activity manager felt disempowered, because they had repeatedly experienced giving

advice that was not taken.

- One activity manager noted that it took months for CTOs to approve work plans after they had already signed off on them.

3.3.4 USG/Partner Relationship

Country Level

The most significant differences observed among the countries visited by the evaluation team stemmed from how each mission chose to engage the Track 1.0 OVC partners. Some missions did not have the staff or time to engage the partners, and let them run with little country-level oversight. Other missions engaged the partners early, and went through the process of reworking their program designs to better fit with country priorities.

Countries with fewer Track 1.0 partners reported less difficulty folding these partners into their existing plans, while countries with a large number of Track 1.0s took more effort to align.

Headquarter Level

At the headquarter level, the interactions between the USAID/Washington CTOs and their counterparts in partner organizations alleviated administrative management burdens from the field. In addition, the interactions between the OGAC-sponsored OVC Technical Working Group and the partners gave partners a seat at the table in discussing issues surrounding implementation of OVC activities. Partner field offices report this interaction helped them improve programs, and better understand OVC Guidance-related issues.

Strengths	Weaknesses
<ul style="list-style-type: none">• Annual meetings allowed for learning and sharing• Having a USG point person to interact with HQ and a person to interact with country offices on the ground can help engage the partner at different levels	<ul style="list-style-type: none">• People making decisions are separated from the problems• In some countries, partners did not collaborate/share experiences with each other• Duplication in M and E• Difficult for Mission to ensure compliance (e.g. VAT exemption/M and E quality/ other)

Decision Makers Separated from Problems

- One partner experienced nearly a full year delay when budget, geographic, and partnership issues could not be resolved. The people in the best position to resolve the issues – the partner office country director and the USAID activity manager – had no ability to change funding levels, geographic location or partners.

Monitoring and Evaluation

- Two partners were observed to have independently built very strong M&E systems in the same country, but had never shared them with each other – a duplication of effort!

- One mission M&E person said they did not have the time to work with Track 1.0 partners because their bilateral partners were all working within a very specific framework and it would take a great deal of effort to bring the Track 1.0 partners in line.
- CTOs in Washington created a multi-country reporting format that was intended to ease the challenge of providing separate country reports. Partners also needed to report to the country missions using the country formats. One partner noted that the country reporting formats they had to complete were so different that they created two reports for every country with quite different data in some cases.

3.4 TRANSITION TO ENSURE CONTINUITY OF SERVICES

Key Findings on Transition:

- The significant progress and network of partners is at jeopardy of being lost due to uncertainty and lack of clarity. Clear communication and signals are needed firstly from USAID Washington and secondly by the Missions.
- Partners in Washington and at country level are more confident about the current strategies for continuing the programs than the local community organizations.
- All stakeholders are actively engaged in exploring possible avenues for continuation of services to the children in their care.

Continuity of services is a crucial aspect of OVC programming, especially as it relates to children who are vulnerable and who are at important development and educational stages in their life. Continuity of services is defined here as current plans for follow-on made by stakeholders including USG head office and missions, partners, and local organizations to ensure that services provided to orphans and vulnerable children and their families are continued when Track 1.0 OVC programs close. In order for this to happen, a smooth transition is needed at the close of the Track 1.0 OVC programme in June 2010. A critical aspect of continuity is ensuring that the requisite funding levels will be available.

At the USG level (both headquarter and mission office), continuity means making funds available specifically for transition, and communicating with implementing partners on next steps. At the partner level (both headquarters and in-country offices), continuity implies leveraging resources, sourcing other funds, and building the capacity of local partners to be independent. For local partners, continuity means having the resources, human and financial, necessary to continue to offer services.

3.4.1 Current State of Transition

Understanding of next steps, and the actions being taken by missions and partners in order to ensure continuity of existing services vary widely. USAID/Washington has communicated to missions and partners that they need to begin planning for transition, but no clear OVC Guidance on what exactly that planning should include, or what, if any, funding might be available in the future are critical issues that remain unanswered.

While almost all missions and partners are doing something, none of the activities are coordinated, and there is a lack of clarity about roles and responsibilities related to transition between USAID mission staff and headquarter staff.

As noted in the achievements section, there have been significant assets built up at the community level over the past four years. A number of stakeholders in the USG, partners, and at the community level, are concerned about the relatively short period of time between now and the end of the Track 1.0 program in June 2010 to complete the necessary steps to ensure a smooth transition and continuity of existing services.

Lack of clarity about next steps is leading some partner staff to leave their positions, which will make the transition even more difficult. Further, lack of clarity about funding and next steps is leading some mission staff to propose simply letting the Track 1.0's time out, without putting effort in to trying to absorb the assets that have been created by the Track 1.0 investment.

3.4.2 Plans for Continuity

The evaluation team asked partners and USG staff all levels about their plans to continue services to children after the end of the Track 1.0 OVC award.

Frequency of Responses: Plans for Continuity

Plans to ensure continuity include:	Partner HQ % out of 11	Partner In-Country % out of 12	Local Partner % out of 15
Accessing other funding	73%	92%	53.3%
Relying on income generating activity	91%	75%	33%
Using the capacity of local structures	91%	58%	67%
Exploring bi-lateral support from mission	55	42	6

An important theme derived from the evaluation is the improved ability of local partners to source or mobilize funds from other sources. Results above suggest that the majority of key informants at the prime partners' headquarters (73%) reported having other sources of funding or making plans to do so, and a higher proportion of their in-country offices reported the same (92%), while only 53% of sub-partners in country reported having other sources of funding or having plans to do so.

Participation of beneficiaries in income generating/economic empowerment activities is another theme drawn from the analysis of data. This is an important indicator with long-term implications for OVC and their families' ability to continue to access services on their own. Findings show that the majority of key informants at the prime partners' headquarters reported that beneficiaries were engaged in income generating/economic empowerment activities or are intending to do so (91%), followed by prime partner in-country (75%), and sub-partners (20%). The types of income generating/economic empowerment activities reported for beneficiaries included: small scale gardening, animal husbandry, credit and loans schemes, group savings and internal lending programs.

Another key indicator of continuity of services is the existence of local community structure and agencies to sustain the provision of services. This indicator came up as a strong theme among all

key informants. Most headquarters prime partners key informants (91%) responded that local community structures are now in place, likewise those of in-country prime partners (58%), and those of sub-partners (67%). Again, the responses from prime partners at all levels may be reflecting intentions rather than actuality since they were not as close to the situation on ground as sub-partners.

The majority of the local partners across all four countries visited perceived the existence of community structures for sustainable service provision in their area. Specific community structures mentioned by key informants include: national task force, OVC forums, and linkages to local and municipal government offices, and village level OVC committees and groups.

Findings from this evaluation show that mission offices were already providing some form of support to local partners in terms of (1) identifying new local partners that are doing well, (2) involving more partners in Country Operation Plan (COP), (3) making plans for graduation mechanisms and linkages to absorb OVCs and their families currently served into other programs e.g. using bi-lateral mechanisms through issuing new Annual Program Statement (APS), folding OVC Track 1.0 programs into existing bilateral programs (comprehensive models or OVC specific programs), and linking existing sub-partners to existing government funding mechanisms supported by the mission.

The partner responses may reflect the lack of clarity and communication about these plans. Of the four missions visited, 3 (75%) were already involved in some form of support to at least some of the OVC Track 1.0 partners directly to continue service provision in the future. The general impression across all four countries visited is that mission offices want more control of funds in order to continue reaching OVC currently being served and to scale-up program interventions in some cases. The missions favor mechanisms routed in buy-in or bi-lateral agreements where they can retain decision making power on agreements with partners in their countries.

SECTION 4: RECOMMENDATIONS

The recommendations mirror the findings and are divided into recommendations for OVC programming, recommendations for management mechanisms and recommendations for the transition.

4.1 RECOMMENDATIONS FOR OVC PROGRAM STRATEGIES

OVC Program recommendation 1: Future programs in support of orphans and vulnerable children need to focus more on systems strengthening at different levels.

Systems Strengthening: Government

Gaps exist in the training of government personnel to provide much needed leadership and coordination for the national response on orphans and vulnerable children. Relevant government ministries and agencies for orphans and vulnerable children need to be able to provide better platforms for coordination at all levels—national, regional, state/provincial, and local government. The majority of key informants interviewed at the ministries/agencies mentioned inadequate skilled staff and attrition of the few available as a major challenge in performing their role effectively. A continued and more robust emphasis is needed on strengthening institutions such as schools; religious institutions, government departments responsible for child welfare, National and District AIDS Committees; and regional forums. This would include policy and human capacity development plans for key management staff and staff that interact directly with children, such as early childhood workers, health care workers, social workers, teachers, church workers, and youth group workers.

Systems Strengthening: Community

Programs should continue and develop their focus on awareness and community capacity with a greater emphasis on the direct involvement of parents, guardians, young people and children. Community capacity should be defined at local level and locally relevant indicators agreed upon and regular assessments done. Issues to be covered include:

- Child protection issues – identifying abuse,
- Legal protection – will writing, inheritance, monitoring of status of recently orphaned children
- Access to key documents – birth certificates, death certificates
- Access to government services – education, health, legal; exemptions; social assistance grants

Systems Strengthening: Household

We know that orphans and vulnerable children are cared for in families. These households may be single-parent headed, grandparent headed, or youth headed. Additional approaches to reaching households need to be developed. An approach to caring for orphans and vulnerable children that focuses on the existing guardians including *single* parents (not *single* orphans as the concept of a single orphan is unhelpful, further marginalizing the role of the surviving parent!), elderly extended family members, and young people would relieve the need for so many volunteers, so many home visits, and so much transport. Training guardians, the primary caregivers, may well have greater impact on the life of a child as the guardian has more daily contact with the child than any volunteer ever could. The work of the volunteer that is still

essential should be done by hired, paid staff at local level. Additional work with schools, early childhood development centers and other existing institutions, would also alleviate the need for a huge cadre of volunteer workers.

A package of support for these household, based on a needs assessment of what they require to continue to care adequately for all the children under their responsibility, needs to be delivered. Such a package might include inter alia:

- Parenting training
- Health education – including nutrition, immunization,
- Home renovations or repairs
- Access to early childhood development programs especially for youth and elderly headed households
- Materials support – blankets; clothes; cooking pots
- Support for agricultural production
- Support for labor saving technologies especially for elderly headed households
- Support for income generation - vocational training for older members of the household; saving and loans associations; micro-lending,
- Information and assistance to access government or other services: education, health, legal; exemptions; social assistance grants

Such an approach with more direct training and support to parents, grandparents and guardians (and young people from within or outside the household as appropriate) will alleviate the need for a host of volunteers. Use paid staff where appropriate instead of relying solely on volunteers and when volunteers are used ensure the demands placed on them are realistic. It is unrealistic to expect programs to be run and monitored solely by volunteers.

OVC Program Recommendation 2: A target should be developed which emphasizes the households served. This will serve many purposes: minimize stigma; address the under 5s and young people in the household; support families as the primary care givers and giver of services; minimize the need for volunteers, while still allowing projects to reach large numbers of children. Rather than the cost per child formulae for judging a program's efficiency, it might be more helpful to look at what percentage of funds reaches local partners either as a capacity building activity, as a sub-grant, or as direct material support.

Targets drive a program. The high targets of Track 1.0 OVC programs determined where partners would work; with whom they would work; what sort of services they could offer; and how they would evaluate a service. Unfortunately the OVC Guidance fed into this target syndrome, adding a level of detail (services) which partners then started to chase. The very sound principles and examples in the OVC Guidance may have been somewhat lost in the deluge of monitoring primary or supplementary services. Targets should be developed through consultation in-country local partners and government.

Developing a cost per child formulae for judging a program's efficiency is possible but the number of caveats and sub-calculations that are required mitigate it meaningful may quash innovation and ultimately may not reflect the situation well enough to provide useful information. Caveats include the number of standardized services being provided, rural or urban location (concentration of households with OVC), the cost and quality of other programming activities, and the amount of additional resources leveraged for the same activities. Rather than the cost per child formulae for judging a program's efficiency, it might be more helpful to look at

what percentage of funds reaches local partners either as a capacity building activity, as a sub-grant, or as direct material support.

A change in emphasis from the numbers of children served to the numbers of households reached will obviate some of the problems caused by the current definition of an orphan and vulnerable child. Young people in the household are also in need of services, and programs must at least ensure that a child or young person will be assisted in completion of an educational cycle.

More focus on older children and young people will fit in well with an emphasis on prevention and may be accommodated already in the new proposed definition. Active engagement of young people in addressing their own problems and situation assists both the household and the young people by building confidence and community connectivity. Future programs should use behavior change communication for young people and children which should receive more focused attention in any future programs. Any definitions should be closely aligned to national definitions of orphans and vulnerable children even if they may not include an HIV clause to avoid stigma while ensuring that HIV affected children are not marginalized.

4.2 RECOMMENDATIONS FOR FUTURE MECHANISMS

4.2.1 OVC Service Delivery Mechanisms

Mechanism Recommendation 1: Future OVC service delivery agreements should be managed bilaterally rather than through a central mechanism where requested by in-country missions.

Though it was determined that certain administrative management burdens were alleviated by the central mechanisms, those benefits did not outweigh the challenges created by externally designed and managed programs. Therefore, if in-country missions determine that they have the administrative and technical management capacity to award OVC service delivery programs bilaterally, those programming decisions should be respected.

However, another key benefit of the Track 1.0 program was the cross-country learning and sharing that was facilitated within partners. This learning and sharing was facilitated in part because of the unique way in which the partners' headquarter and regional offices were engaged in these multi-country programs. In order to preserve this important element, missions are encouraged to allow bilateral partners to include specific measurable cross-country learning and sharing activities as part of their program expenses. Partners must then demonstrate the value of these exchanges, and the mission must then hold partner to these commitments.

Mechanism Recommendation 2: Administrative management support for service delivery agreements will be necessary only when requested by missions or for non-presence countries.

PEPFAR II is likely to have a much wider geographical scope, and that not every country that will need OVC service delivery programs will have the administrative management capacity to make such awards. Therefore, the Implementation Support Division (ISD) in USAID/Washington is encouraged to coordinate the development of future mechanisms to facilitate these service delivery needs.

In order to coordinate this effort, the ISD may need to undertake a process to estimate future needs of OVC services delivery in PEPFAR II countries by overlaying mission locations, regional mission coverage, mission workload and OVC service delivery country needs.

This process will identify gaps in service delivery which the ISD can use to develop a strategy to provide administrative management support for these countries, either through central or regionally based programs. These mechanisms should still allow for country-level technical design, direction and management, while attempting to alleviate the administrative management burden.

The ISD in USAID should consult regional USAID missions and relevant in-country mission staff concerning the potential role of regional USAID missions in facilitating/managing OVC service delivery for countries that require support in their region. To allow regional missions to provide support for OVC service delivery in their region, regional missions need to be adequately resourced (both in terms of human resource capacity and funding.)

4.2.2 Mechanisms for Learning and Sharing and External Technical Assistance

Mechanism Recommendation 3: Facilitation of learning and sharing across countries and partners, and the provision of external technical assistance to missions on request, will be necessary to improve the quality of program interventions and management.

The ISD may need to undertake a process to estimate future needs of OVC learning and sharing / external technical assistance by surveying missions, estimating needs in non-presence countries.

The ISD should develop a mechanism for facilitating OVC learning and sharing / external technical assistance provision for country and region missions to buy-into. The Scope of Work for this mechanism might:

- OVC cross-country/region learning and sharing of promising practice and program management approaches; example activities might include:
 - managing regional operations research projects
 - organizing and facilitating region lessons sharing events (for partners and missions)
 - organizing and facilitating cross-country exchange visits (for partners and missions)
 - conduct country-specific or regional OVC evaluations
- and, provision of technical assistance to missions (country and regional) to support their own OVC technical needs or those of their NGO/FBO or government partners; example activities might include:
 - providing technical input to strengthen and align mission, host government and NGO/FBO partner OVC M&E tools and processes

The ISD should also consult regional USAID missions and relevant in-country mission staff concerning the potential role of regional USAID missions in facilitating of learning and sharing across countries and partners, and providing external technical assistance to missions that require support. Regional missions could achieve this either through buying into an established mechanism as described above or by issuing a region specific mechanism for OVC learning and sharing / external technical assistance.

However, if regional missions are to contribute to the effort to facilitate OVC learning and sharing / external technical assistance in their region, regional missions need to be adequately resourced (both in terms of human resource capacity and funding.)

4.3 RECOMMENDATIONS FOR TRANSITION AND CONTINUITY

Transition Recommendation 1: Countries Must Absorb the Assets of the Track 1.0 Investment

Significant assets have been built by the Track 1.0 programs. These assets include community organizations and programs that are currently delivering services to OVC in their communities. The findings of this evaluation suggest that some forms of community structures are in place but they may require additional strengthening or assistance in coordination with government. Some analysis is needed of which OVC Track 1.0 partners are an asset, how they can be funded in the future, and to what extent.

In order for countries to successfully absorb these assets, a number of decisions and actions need to take place over the next 18 months. Coordination and communication throughout this process among all the stakeholders will be critical.

It is our recommendation that the Implementation Support Division (ISD) at USAID/Washington take a lead role in coordinating this transition. However, missions must be responsible for making all decisions regarding future funding in their country.

The ISD team is well positioned to ensure communication with the field and partners occurs in a timely manner. They can also provide technical support to missions as needed on design of follow-on mechanisms. Below is an illustrative timeline/flowchart that lays out key steps in the transition over the next 18 months. The ISD can use a similar plan to help clarify roles and responsibilities, and keep the transition on track.

Transition Phase: Now to June 2010

Tasks	Estimated Timeline	Key Outcomes
USAID & OGAC Future Funding Decision	Beginning February 2009	<ul style="list-style-type: none">• Begin discussing future funding decisions• Formulate OVC Guidance on funding for transition for missions
USAID/Washington Communication	March 2009	<ul style="list-style-type: none">• Communicate transition strategy, including OVC Guidance on funding• Clarify roles and responsibilities
Mission Decision Making	March – May 2009	<ul style="list-style-type: none">• Missions review existing programs, and make decisions regarding future programming• Missions communicate decisions to USAID/Washington
Partner Coordination	June 2009	<ul style="list-style-type: none">• USAID/Washington, Partners and Activity Managers begin coordinating transition on a program-by-program basis, based on mission programming decisions• Partners with projects being phased out are asked to stop reaching new beneficiaries, and estimate time and cost to exit existing beneficiaries

Mission Follow-On Solicitations	June 2009 – March 2010	<ul style="list-style-type: none"> • Missions that need to issue solicitations (APS or RFA, for example) to fund follow-on programming have approximately 9 months to design, issue and make awards. • The USAID Implementation Support Division could provide technical assistance to missions, if necessary, to help design the APS solicitations.
Handover	March 2010 – June 2010	<ul style="list-style-type: none"> • If any programs are awarded to new partners, a three-month window is available for new partner start-up and handover from existing partners prior to the end of award.

Transition Recommendation 2: Future Funding for Continuity of Services Must Be Shifted from USAID/Washington to the Field Missions, and Designated for such Use

If countries are asked to fund services to existing Track 1.0 beneficiaries through existing budgets, some programs may need to be cut – either existing bilateral programs, or the Track 1.0 programs.

If funds are shifted into the general PEPFAR budgets for each country, and not specifically designated to fund continuity of services to existing Track 1.0 beneficiaries, there is a risk that these funds could be moved to fund other elements of the country programs.

Therefore, we recommend that the existing Track 1.0 funding be moved to the mission budgets beginning in June 2010, and that those funds be designated to cover existing services.

For this to happen, USAID/Washington must work with OGAC to draft a policy. It will be critical for this to happen early, as missions and partners will have to know what the USG intention is regarding funding these activities before any next steps can be taken in continuity and transition planning. However, if future funding decisions cannot be made clearly, the ISD should draft some OVC Guidance for the missions to help them begin their planning process.

The following are key recommendations on the transition phase to ensure continued services.

- USG headquarters should clearly explain to mission offices each step in the flowchart in order to overcome uncertainty about program transitions and continuity. Clarifications about next steps should be conveyed through multiple channels such as phone calls, emails, and personal visits as each case may require.
- Mission offices (especially those with many Track One programs) need to be informed of what additional funding they might have access to for the continuation of

services. This will allow the mission to define and/or fine-tune the different strategies open to them to reach OVC currently being served. Communication between USG headquarters and mission offices about transition should include detailed explanations on what mission offices need to put in place, and OVC Guidance on budgetary issues i.e. whether monies will be set aside for continuity or not, and whether missions or Washington will manage these monies.

- USG head office should have stakeholders meetings with prime partners' headquarters staff to discuss key aspects of transition plans that concern them. The mission offices on their part should discuss transition plans with in-country partners (including key government officials) and relevant sub-partners.

CONCLUSION

In the four years since the inception of the Track 1.0 OVC programs, the 15 partner organizations have built an impressive set of programs that have significantly contributed to PEPFAR's emergency response by bringing much needed OVC services to hundreds of communities affected by the HIV/AIDS pandemic. These programs have raised awareness of the needs of the OVC, and improved the ability of caregivers and communities to provide ongoing care and support to the children in their communities.

The programs on the ground represent a significant asset, but they still need support to truly reach a sustainable status. As PEPFAR II evolves from an emergency response to a more sustainable, locally-driven approach, so to must the Track 1.0 OVC programs.

It is our recommendation that the USG offices in Washington and in the field work together to transition these programs to local control, while maintaining the strengths of the Track 1.0 program.

Further, we also encourage partners and the USG to learn from the wealth of program experiences of the Track 1.0 partners to improve OVC programs everywhere.

By learning from these past experiences to improve future programming and funding mechanisms, the US Government will help enable its host government partners to reach their goals to provide comprehensive and compassionate care to orphans and other vulnerable children affected by the HIV/AIDS epidemic.

APPENDICES

A. SCOPE OF WORK

B. PERSONS CONTACTED

C. SUMMARY OF AWARDS

D. COMPARISON OF SERVICES

E. SCHEDULE OF FIELD VISITS

F. PARTNER SUMMARIES

G. REFERENCES

Order the appendices in the same sequence that they are mentioned in the text. Start each new appendix on an odd-numbered page, inserting blank pages in between if necessary.

APPENDIX A. SCOPE OF WORK

I. Purpose

This request sets forth guidelines for an external evaluation of the PEPFAR Track 1.0 Orphans and Vulnerable Children (OVC) portfolio of programs to inform the USAID Office of HIV/AIDS (OHA) and the Office of the Global AIDS Coordinator (OGAC) on future priorities for OVC programs and mechanisms.

The primary focus of the evaluation is to ascertain the collective impact, strengths and weaknesses of the Track 1.0 OVC portfolio. While this is not an evaluation of the individual Track 1.0 OVC implementing partners, it is anticipated that the evaluation team will draw from the breadth and depth of the various Track 1.0 OVC partner experiences and achievement of results. As such the evaluation will focus on the following objectives:

- 7) Evaluate the achievements of the Track 1.0 OVC Portfolio based on the collective and individual experience and accomplishments of the Track 1.0 cooperative agreements.
- 8) Assess and document the management of the OVC Track 1.0 portfolio and of the OVC cooperative agreements individually.
- 9) Identify and recommend strategies and priorities for the future direction of PEPFAR OVC programming and mechanisms.

It is expected that the evaluation will begin in early autumn 2008 and be completed by the end of 2008.

II. Background: The PEPFAR Track 1.0 OVC Programs

The goals of the President's Emergency Plan for AIDS Relief (PEPFAR) include care for 10 million HIV/AIDS affected individuals, including orphans and vulnerable children (OVC).

In November 2003 and again in March 2004, USAID issued an Annual Program Statement (APS) "To Provide Support to Orphans and Vulnerable Children Affected by HIV/AIDS" to expand and strengthen care and support efforts under PEPFAR. Specifically, it asked for proposals to increase care and support to orphans and other vulnerable children (OVC) and adolescents affected by HIV in two or more of the focus countries under the Presidential Initiative. Fifteen cooperative agreements (CA) were awarded that implemented programs in 14 of the 15 PEPFAR focus countries.

The key objectives of these OVC Track 1.0 programs were:

- 1) To provide comprehensive and compassionate care to improve the quality of life for orphans and other vulnerable children.
- 2) To strengthen and improve the quality of OVC programs through the implementation, evaluation and replication of best practices in the area of OVC programming.

Additional important program sub-objectives address U.S. Government priorities of sustainability, capacity-building and institutional strengthening across public and private sector partners, including community and faith-based organizations that are working in this vital area.

The APS notes the following approaches to addressing strategic areas of OVC programming:

- Strengthening the coping capacity of families
- Mobilizing and strengthening community-based responses
- Increasing the capacity of children and young people to meet their own needs
- Ensuring that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services, including basic social services, for the most vulnerable children
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS
- Developing, evaluating, disseminating and applying best practices and state-of-the art knowledge in the area of quality OVC programming
- Comprehensive programming/Linkages with other HIV/AIDS program areas
- Fostering strong partnerships with local in-country organizations
- Creating public-private alliances

The OVC Track 1.0 cooperative agreements are scheduled to end between mid-fiscal year 2009 and the end of fiscal year 2010. To account for funds spent and to inform future PEPFAR OVC programming, there is a need to understand the strengths and weaknesses of the overall portfolio and individual agreements, as well as the suitability of the managerial mechanisms employed

III. Evaluation Objectives and Illustrative Questions

The evaluation team will assess the progress made to date by the Track 1.0 OVC programs in achieving the specific objectives of their cooperative agreements and review the programmatic and technical strengths and weaknesses of the Track 1.0 OVC program portfolio with special attention given to recommendations of strategies and priorities for future PEPFAR OVC programs and mechanisms. Evaluation objectives and illustrative questions are as follows. During the team planning meeting, the evaluation team will define and prioritize questions from the scope of work in accordance with assignment objectives.

1. Evaluate the achievements of the OVC Track 1.0 portfolio based on the collective experience and individual strengths and weaknesses of the Track 1.0 agreements.

A. Summary Achievement of Results

- What did the portfolio collectively achieve as far as outputs and outcomes for children in quantitative and qualitative terms?
- What were the individual contributions of the different Track 1.0 agreements in quantitative and qualitative terms?
- What were the main successes and challenges, if any, to accomplishment of the planned results? Please describe.
- Overall, were the issues facing OVC correctly identified, and, were the interventions implemented appropriate responses to these?
- How have plans for accomplishing planned outcomes changed during the life of the projects? Why?
- What are the overall strengths/weaknesses of a targeted OVC portfolio?
- What were the results, if any, of the OVC partner's own internal and external evaluations?

B. Assess and document the overall Track 1.0 portfolio (as well as highlights of the individual Track 1.0 projects) in terms of the following programmatic aspects:

- *Targeting* - E.g., Did the targeting respond to trends in the epidemic and to specific vulnerable groups? How well were gender differentials taken into

account? Did programs respond to the needs of children at different ages (from 0-17)? Are partners and sub-partners working in geographic areas considered appropriate by USAID Missions?

- *Program approach and interventions* – E.g., Were the programs adaptive to local circumstances? Were program interventions appropriate to identified target audiences? Were family-centered approaches used whenever possible? Were there any significant gaps in programming? Were the interventions based on standards of good practice?
- *Participation* – E.g., Did partners at all levels successfully involve local communities and beneficiaries (including children) in design and implementation? What, if any, best practices were employed to involve local communities and beneficiaries?
- *Integration & Wrap-around* – E.g., Did partners integrate their Track 1.0 activities with other field activities (including and especially HIV-related and MCH services) and the PEPFAR country-level OVC portfolio? How have partners combined Track 1.0 resources with wrap-around funding? What were the strengths/weaknesses of USAID support globally and in country missions in terms of enabling wrap-around?
- *Sustainability & Continuity of Care* – E.g., -- What are USAID Missions currently planning for follow-on, or transition of, these Track 1.0 OVC programs? What will these Track 1.0 OVC programs leave behind, especially in terms of local partner capacity building and sustainability? What has resulted in terms of continuity of care for program beneficiaries in cases where Track 1.0 OVC programs have already ended?

2. Assess and document the successes and shortcomings of management by the USAID headquarters' CTOs and USAID mission activity managers; and by the OVC partners and sub-partners.

- What were the strengths/weaknesses in terms of - communication and reporting, timeliness of deliverables, supervision, monitoring and evaluation, financial and procurement systems including sub granting, and, human resources including human capacity development?

3. Identify and recommend strategies and priorities for the future direction of PEPFAR OVC programming, for example:

- How can future programming best ensure continuity of services to OVC and their families?
- What project activities or accomplishments have led to implementation best practices? Describe those best practices.
- What recommendations for technical approaches and strategies may be best applied in follow-on programming?
- What management strategy and mechanisms are recommended to address future partner interactions with USAID Missions (including inclusion in Mission portfolio and activities) and USAID/OHA? – E.g., What USAID management issues need to be considered moving forward?, What are the lessons learned for centrally funded programs and how these programs are/are not responsive to the field needs?

IV. Methodology

The evaluation team is expected to propose a detailed work plan for collecting the necessary information and data. This should include a description of how the work plan responds to the above tasks and questions; and from whom, and how the data will be collected and analyzed. The work plan should be collaborative and participatory, including plans for conducting interviews with implementing partners and key stakeholders at both the local and national level. The plan should also include a full review of background materials provided, such as the Annual Program Statement, cooperative agreements, and semi-annual and annual performance reports.

In order to examine the above issues, the following methodology is suggested to be considered.

- 1) **Team Planning Meeting (TPM):** A two day team planning meeting will be held in Washington, DC to share a) background, experience, and expectations for the assignment, b) formulate a common understanding of the assignment, c) review the background of the Track 1.0 OVC Portfolio and its current status, d) identify partners and key informants involved in the task, develop a common understanding of their relationships and interests, and agree on an approach to working with these groups/individuals, e) define and agree on the roles and responsibilities of the team leader and team members, f) agree on the objectives and desired outcomes of the assignment, g) develop a realistic work plan, h) orient the team to the report guidelines and financial forms, and i) discuss all relevant administrative procedures. The initial two days will be very important for laying the groundwork for the evaluation. The team will be briefed by USAID staff at the beginning of the evaluation assignment in order to: prepare them for key informant interviews and site visits, clarify issues. Within two days of the end of the TPM, the team will share the work plan and solidify the plan for completion of the evaluation with USAID/OHA.
- 2) **Data collection:** The evaluation team will review the various project documents and reports including the APS related to the OVC Portfolio, proposals, work plans, annual reports, internal and external evaluation reports, OGAC Orphans and Vulnerable Children (OVC) Programming OVC Guidance, and other relevant materials. (A list of key documents is included in Annex X -OHA will provide additional information once implementation begins)
- 3) **Interviews and Consultation Meetings:** The team will also conduct interviews and consultation meetings with stakeholders and key informants including but not limited to USAID/OHA CTOs and Prevention Managers, USAID Mission staff (including Assignment Managers), and OVC Track 1.0 partners and sub-partners. (A list of key informants is included in Annex X - OHA will provide additional information once implementation begins)
- 4) **Field Visits:** The team will undertake a multi-country qualitative sample of OVC cooperative agreements partners, sub-partners, beneficiaries, and USAID Mission staff. In order to accomplish these visits, it is likely that the team will split into two smaller teams for the field visit portions. The choice of sites within countries visited should reflect the diversity of partners, populations, interventions and environmental contexts that comprise the Track 1.0 agreements. It is hoped that each of the fourteen Track 1.0 OVC Partners will be visited in at least one of the countries in which they work, and at least 1-2 partners be visited in all countries in which they work. Please see Annex X for the breakdown of partners and countries in which they work. It is anticipated that each member of the team will visit approximately 2-3 countries so that every OVC Partner field site is visited by a member of the team. Field visits to be confirmed by USAID. In making the final selection of countries to be visited, USAID/OHA will ensure that the USAID Missions in those countries are aware of the purpose of the evaluation and timing of the country visits.

- 5) Field Visit Debrief:** Approximately one working week following field visits, the team will report orally (and with slides) on initial top line findings to both USAID and to Track 1.0 partners. It is anticipated that this session will help the team to clarify any questions or issues that came up during the field visits, and to solicit support for any gaps in information. Please note that this is in addition to the final USAID Washington Debrief mentioned in section VI. “Deliverables” found below.

V. Team Composition

The Evaluation team will consist of 4-5 persons—the Team Leader, two OVC Advisors, the Evaluation Advisor, and the internal GH Tech Logistics Coordinator. Collectively the team members should have strong backgrounds to comprehensively cover OVC programming and implementation in the HIV/AIDS context, and monitoring and evaluation of USAID Portfolios (and programs) at international, national, and community levels. Please see the description below and the list of specific tasks to be accomplished by the Team Leader in conjunction with the other team members. An estimated level of effort for each task for the Team Leader is listed below.

VI. Deliverables

Work Plan: During the Team Planning Meeting, the team will prepare a detailed work plan which shall include the methodologies to be used in this assessment. The work plan shall be shared with USAID/OHA for approval no later than two days after the conclusion of the TPM.

Preliminary Report: The team will submit a preliminary report including findings and recommendations upon completion of the field work. This report will highlight achievements and best practices as well as shortcomings and lessons learned. The report should include – a 1-2 page brief for each Track 1.0 partner summarizing highlights of the specific project as well as key results and recommendations (as annexes) as well as an overall general set of recommendations. A standardized format for these partner-specific annexes will be developed by the team during the TPM. The preliminary report should not exceed 30 pages in length (not including annexes, lists of contacts, etc.). This draft will include findings and recommendations for USAID/OHA and USAID Mission review. The partner annexes (in draft form) will be disseminated by USAID to respective implementing partners. Partner organizations will have one week for review and factual corrections. USAID will have approximately three weeks to provide comments and suggestions to GH Tech for forwarding to the evaluation team, which shall be addressed in the final report.

USAID Washington Debrief: The team will present the major findings to a USAID/OHA audience through a PowerPoint presentation. This debrief will include a discussion of past achievements and issues, as well as any recommendations the team has for future programming.

Final Report: The team will submit the final report to GH Tech on/about January 30, 2008 (revised end date). GH Tech will review this report and send it to USAID/OHA. Due dates will be finalized with OHA during the TPM. This report should not exceed 35 pages (not including appendices, lists of contacts, etc.). The format will include executive summary, table of contents, findings and recommendations. The report will be submitted in English, electronically. GH Tech and OHA will reach agreement on the details of report formatting/branding once the final report content has been approved. It will be a 508 compliant document. Any potentially procurement sensitive information will be excluded from the report and will instead be included in a separate internal USAID memo for dissemination within USAID. The report will be disseminated within USAID, among implementing partners and stakeholders, and will be made available for general dissemination.

The final report document will be edited/formatted by GH Tech and provided to USAID/OHA approximately one month after USAID/OHA has reviewed the content and approved the final unedited content of the report. The final unedited report content can be used as a working document while final report editing/formatting is in process by GH Tech. GH Tech will provide 5 (five) hard copies of this final version of the report to USAID/OHA.

VII. Logistics & Estimated Timeline/LOE

USAID/OHA will provide overall direction to the evaluation team, identify key documents and key informants, and liaise with USAID Missions to ensure logistical support for field visits prior to the initiation of field work. USAID/OHA personnel shall be available to the team for consultations regarding sources and technical issues, before and during the evaluation process.

USAID/OHA Point of Contact:

Colette Bottini
USAID – Office of HIV/AIDS
Room 5.10-082
Phone: 202-712-1449
Fax: 202-216-3409
cbottini@usaid.gov

Annexes OHA will provide additional information prior to implementation of assignment.

APPENDIX B. PERSONS CONTACTED

(awaiting final from Muiyiwa)

Country first in bold caps, then organizations in bold, then individual and title.

COLOMBIA

U.S. Agency for International Development

Jane Doe, Senior Technical Advisor, Reproductive Health and Family Planning

Ministry of Health

John Doe, Director, Human Development Unit

VENEZUELA

United Nations Population Fund (UNFPA)

Jane Doe, Health Scientist

APPENDIX C. SUMMARY OF OVC TRACK 1.0 AWARDS

The following is a detailed summary of each of the Track 1.0 OVC awards. Unless otherwise specified, the data reflects what was in the original Cooperative Agreement.

Partner	Total Award	Federal Share	Match (%)	Award Dates
Africare	\$10,457,473	\$9,999,970	4.6%	Mar 2005-2010
	Targets	Achieved (Mar '08)	Note	
Mozambique	240,000			
Rwanda	161,440			
Tanzania	240,800			
Uganda	220,000			
Total	862,240			
AVSI	\$15,135,544	\$7,211,884	109.9%	Apr 2005-2010
	Targets	Achieved (Mar '08)	Note	
Kenya	3,243			
Rwanda	2,500			
Uganda	6,737			
Cote d'Ivoire			Added post-award	
Total	12,480			
Care	\$5,680,558	\$5,225,197	8.7%	Apr 2004-2009
	Targets	Achieved (Mar '08)	Note	
Kenya	20,000			
South Africa	35,000			
Total	55,000			
Catholic Relief Services	\$9,003,682	6,950,883	29.5%	Feb 2004-2009
	Targets	Achieved (Mar '08)	Note	
Haiti	15,000			
Kenya	20,000			
Rwanda	3,250			
Tanzania	9,500			
Zambia	17,500			
Botswana			Added post-award	
Total	65,250			
Christian Aid	\$7,594,958	\$5,894,958	28.8%	Apr 2005-2010
	Targets	Achieved (Mar '08)	Note	
Kenya	2,625			
Nigeria			Target not specified in award	
Uganda	6,500			
Zambia	15,250			
Total	24,375			
CCF	\$4,864,549	\$3,183,965	52.8%	Mar 2005-2010
	Targets	Achieved (Mar '08)	Note	
Kenya	38,325			
Total	38,325			
FHI	\$9,261,181	\$9,261,181	0%	Aug 2005-2010
	Targets	Achieved (Mar '08)	Note	
Namibia	28,000			
South Africa	2,700			
Zambia	22,500			
Total	53,200			

HWW South Africa	\$8,600,137	\$8,190,607	5%	Mar 2005-2010
	Targets	Achieved (Mar '08)	Note	
Botswana			Targets not divided by country	
Cote d'Ivoire				
Kenya				
Nigeria				
South Africa				
Zambia				
Total	146,000			
Opportunity International	\$10,290,453	\$5,090,089	102.2%	Feb 2004-2009
	Targets	Achieved (Mar '08)	Note	
Mozambique			Targets in award not readable	
Uganda				
Zambia				
Total				
Plan International USA	\$12,658,089	\$8,000,000	58.2%	Apr 2005-2009
	Targets	Achieved (Mar '08)	Note	
Kenya			Targets not divided by country	
Uganda				
Zambia				
Total	150,000			
Project Concern	\$10,461,066	\$8,507,770	23%	Mar 2005-2010
	Targets	Achieved (Mar '08)	Note	
Ethiopia			Targets not divided by country	
Zambia				
Total	193,000			
Project Hope	\$9,699,623	\$8,606,213	12.7%	Apr 2005-2010
	Targets	Achieved (Mar '08)	Note	
Mozambique	50,000			
Namibia	25,000			
Total	75,000			
Salvation Army	\$6,938,112	\$5,894,769	17.7%	Apr 2005-2010
	Targets	Achieved (Mar '08)	Note	
Tanzania			Eval team did not receive the original project description.	
Uganda				
Total				
Save the Children	\$5,877,000	\$5,877,000	0%	Feb 2004-2007
	Targets	Achieved (Mar '08)	Note	
Ethiopia	64,303			
Mozambique	91,343			
Total	156,646			
World Concern	\$13,544,108	\$9,913,708	36.6%	Sep 2004-2009
	Targets	Achieved (Mar '08)	Note	
Haiti	22,500			
Kenya	60,000			
Zambia	68,000			
Total	150,500			

APPENDIX D. COMPARISON OF SERVICES

Comparison of Track 1 OVC Service Descriptions as reported in the 2008 semi-annual report (March 2008)

Service	Project HOPE -	FHI-Namibia	World Concern	HWW	Plan
Food and Nutrition	Community gardens/ Growth monitoring and food parcels	Food parcels; soup kitchens' gardens Short term food supplementation	Received 1 food contribution, agricultural contribution or basic nutrition training	Food parcels (no indication of how many)	Provision of food, nutrition, education on child school feeding
Shelter and Care	Community rehabilitation/ Received a blanket	Renovations, integration into old or a new family	Strengthening caregivers (?)	Clothing and bedding	
Protection	Provision of birth + death certificates	Protection from child abuse, removal of children for placement in temporary shelter. Will writing Access to birth certificates	Training in succession planning or memory boxes	Referral to relevant authorities for abuse; training in child rights	Advocacy campaigns, birth registration, education on child abuse
Health care	Educational activities with carer Assistance to access health services	HIV prevention education, monitoring immunization, referrals to clinics	Received training in hygiene, received bed-nets	Referrals to medical care; prevention training; PHC training for caregiver	Treatment of common ailments/ OIs, health education, provision of IEC materials, participation in meetings, school clubs
Psycho-social support	Educational activities with carer	Holiday camps, counseling programs. Kids' clubs	Received 1 home visit or attended 1 special event	Participation in a kids club	Counseling and guidance, life skills, writing wills
Education and Vocational Training	Scholastic material	School registration. Advocacy for fee reduction, homework support, monitoring school attendance and performance bursaries for tertiary education Provision of school supplies	Provision of School supplies and uniforms or fees	Provision of uniforms and fees	Support for education materials and provision of levies to attend vocational training
Economic strengthening	Child living with a carer who participates in VHBs	Accessing social grants, financial management for older OVC, IGAs	Training in basic business skills	----	Income generating activities, food production

Service	PCI	OI	CRS	CARE
Food and Nutrition	Supplementary nutrition and food support to malnourished and food insecure OVC		Monitoring OVC to receive government food basket and nutrition services	Feeding programmes and food supplements in primary schools/Early Childhood Development Centers
Shelter and Care	Shelter, water and sanitation and personal hygiene improvements at the household or school level	Constructs and renovates houses, and provide mosquito nets.		Improvements or access to shelter/ institutional placements. OVC households given blankets and tarpaulins during post election emergency response
Protection	Legal/administrative support in child protection, property rights. Community sensitization on child rights, sexual abuse, early marriage, gender, stigma and discrim.	Inheritance plans. Households were insured including those whose houses were constructed in the previous years;	Monitoring that OVC received adequate protection from their caregivers and communities	Training of teachers, CBO staff, youth group members and caregivers on child protection and first aid. Application of birth Certificates
Health care	Securing free medical certificates, referral support and follow up to ensure the medical support is provided, reimbursement of medical expenses.	Provision of sanitary, healthy latrine	The project monitored that OVC received the service provided by the government.	Referral to medical support inc. HIV/AIDS/ sexual health/ health education programs. OVC households give kitchen sets, treated mosquito nets, hygiene sets during post election emergency response
Psycho-social support	Grief counseling, recreation, participation, memory work including succession planning and individual and group counseling.		Youth leaders trained to organize and train OVC but most left their localities in search of employment	Train and support CBO staff/teachers to counsel OVC inc. stigma reduction, HIV prevention, abuse/referrals to government departments, adoption/ foster, recreational/cultural activities.
Education and Vocational Training	Tutorial support, provision of education materials and uniforms, waiver of school fees	Youth Apprenticeship Program for employment or starting their own small businesses	Support for preschool children, but vocational training was not successful	OVC given school uniforms, learning materials. Teachers trained. Includes assistance with admission in schools, and school fee negotiations
Economic strengthening	Train and support caregivers in savings-led, Self-Help Group formation, IGAs and identifying/addressing OVC issues	Micro-credit to caregivers to increase capacity to care for OVC. Train caregivers in business and financial management		Training of caregivers of OVC on the Group Savings and Loans (GS&L) approach and establishment of Income Generating Activities.

Service	AVSI	Africare	Christian Aid	CCF
Food and Nutrition	Short term food supplementation to malnourished and/or HIV infected children and their caregivers.	Training to families on nutrition. Seeds for OVC community gardens. Caregiver clusters trained to sustain backyard gardens and pool resources to buy seeds and established home gardens.	Households with OVC given improved seed and livestock. Caregivers supported to establish kitchen gardens, and trained in improved security. Exceptionally destitute households provided with direct food aid.	Short term food support and Unimix
Shelter and Care	Supports institutions where children are temporarily living	Materials for constructing OVC houses. Community members helped in the construction of these houses. Soap bars and petroleum jelly were provided		Bedding and clothing
Protection	Recreational, outing, music, dancing and sport activities.	Succession planning and identification documents provided to OVC. Local FM radio talk show on child protection, succession planning, birth registration	OVC monitored by trained Mentors weekly; OVC guardians trained in child protection. Minor abuse cases identified and resolved. Serious abuse cases were identified and referred.	Training on children's rights and addressing protection issues of OVC by paralegals, Paralegal training
Health care	Agreement with hospitals, health care centers, and health insurance to provide health care for OVC their families.	Peer education, theatres, dances and painting of murals with HIV messages. Home visits with education on health. Peer Educators receiving info on HIV prevention. Provided water guard for cleaner drinking water, ITNs, health insurance	OVC participated in the weekly life skills sessions inc. HIV related training. OVC received complementary HIV training. OVC given direct medical support by project medical staff; others with serious ailments referred to local healthcare facilities. Medical expenses paid for some OVC	Home based care, ITN provision, health education, minor treatment and de-worming
Psycho-social support	Material support, follow up visits and counseling.	OVC participate in life skills activities and psycho social support. Train teachers and community volunteers in PSS	Kids Clubs and life skills sessions. OVC guardians trained in PSS, and received one-on-one counseling support	Training in PSS, Journey of Life counseling services
Education and Voc. Training	Providing school fees, scholastic material,	School kits, uniforms. Link OVC to vocational Scholastic materials and support through block grant exchange program for secondary schools.	Secondary school and vocational skills training. Primary school fees. Provision of uniforms; address the non-financial barriers.	Scholastic support and start-up kits for youth
Economic strengthenin g	Business Skills Training and IGAs for OVCs and their families	Training and support to caregivers from the CCCs and Associations supporting OVC. Pig rearing. Entrepreneurship training. Child headed households received goats.	SLA component. Loans for income generating activities Guardians trained in business planning and management.	OVC residing in households supported with micro-credit

APPENDIX E: SCHEDULE OF FIELD WORK

(Barry – is this needed?)

APPENDIX F: PARTNER SUMMARIES

1. AVSI
2. Africare
3. CARE
4. Catholic Relief Services (to be added by Muiyiwa)
5. Christian Aid
6. Christian Children's Fund
7. Family Health International
8. Hope World Wide
9. Opportunity International (to be added by Muiyiwa)
10. Plan International
11. Project HOPE
12. Project Concern International (to be added by Muiyiwa)
13. World Concern

Africare

CTO: Colette Bottini

Program: Community-Based Orphan Care, Protection and Empowerment project for Children Affected by AIDS (COPE for CABA).

Countries: Uganda, Tanzania, Mozambique and Rwanda (interview in-country staff in Uganda – no field visits were conducted)

Original start and end Date: Start March 18 2005 to March 17 2010

Central Funding: US \$9,999,970 Matched \$ \$457,503

Sub-Partners: Deloitte Emerging Markets Group (for technical expertise in income-generating activities, vocational training for youth and families, and micro-credit), and Boston University's Center for International Health (for M&E plans, baseline, midterm and final evaluations, and operational research). The Population Council also provided some initial technical assistance.

Evaluation Team Visit Summary:

The evaluation team members, Nicky Davies and Christopher O'Connell, interviewed Africare headquarter staff, Abdalla Meftuh, in Washington. In Uganda the team interviewed 3 Uganda COPE staff and 1 headquarter staff person (Jacqueline Gayle) who was visiting at the same time. The team met two Africare country office staff briefly during the partner debrief meeting. No field visit was conducted for logistical reasons.

Programme Description and Key Results:

The Community-based Orphan care, Protection and Empowerment (COPE) Project has two main strategies that form the basis of COPE's implementation framework:

a) Strengthening families' capacity to cope with their problems through coordinating and expanding social services for OVC, including health care, nutritional and psychosocial support and the provision of schools fees to OVC through:

- Capacity building efforts at the District level;
- Increasing the number and strengthening the development of partnerships among community-based organizations and government agencies; and
- Working with local volunteers (HIV/AIDS Service Corps) in their own communities to help coordinate local level efforts to provide care and support to OVC households and increase community awareness/action against HIV/AIDS

b) Increasing the capacity of children and young people to meet their own needs through:

- Formation of COPE/Anti-AIDS clubs within project communities;
- Provide life skills training, peer education in HIV prevention and PSS to OVC;
- Increase access to education (inc. vocational education) using block grants;
- Training of caregivers in PSS, nutrition, business skills and other activities; and
- Income generating activities, in-kind grants, and technical assistance for income-generating projects that expand household economic resources of target beneficiaries (OVC and caregivers).

L.O.A. Progress Tracking Table for OVC Served (April 1, 2005 - March 31, 2008)

Reporting Period	Mozambique Planned for LOA	Mozambique Achieved to Date	Uganda Planned for LOA	Uganda Achieved to Date	Tanzania Planned for LOA	Tanzania Achieved to Date	Rwanda Planned for LOA	Rwanda Achieved to Date	Totals Planned for LOA	Totals Achieved to Date	Program target total

# of OVC ever served by an OVC program	60,000	83,327	20,000	20,123	37,500	63,360	20,000	15,104	137,500	181,914	137,500
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Highlights and Promising/Best Practices

The use of blocks grants and/or resource exchange is an innovative approach that has emerged in response to the difficulties associated with direct assistance (i.e. payment of individual school fees). In a block grant initiative, a school receives a lump sum payment at the beginning of a school term, which it is then able to spend on books, uniforms, school refurbishments, etc. In exchange, the school agrees to admit a predetermined number of vulnerable children who are exempted from paying school fees. Africare has chosen this strategy because it believes that it will contribute to a significant reduction in stigma and discrimination towards children perceived to be receiving assistance from the implementing agency.

Reaching higher markets with IGAs by assessing the “value chain” e.g. add value to bananas by drying them. Linking IGAs to large, viable markets so that the IGAs can make a significant difference to the quality of lives of OVC and their caregivers i.e. IGAs linked to Fruits of the Nile which exports dried fruits

Cost-effective use of the regional aspect of program design e.g. a Regional Technical Manager is employed full time and based in Dar Es Salam exclusively focused on COPE. She provides technical back-stopping to all four countries and conducts quarterly site visits. This cuts down on more expensive technical support from headquarters, and provides a daily link to a technical expert in the region.

Challenges

Africare was initially driven to achieve high numbers of OVC ‘due to the emergence nature of the OVC Track 1.0 program’. Some of the strategies used to reach OVC with specific services (especially in terms of education) are not sustainable. Africare has been supported with an additional \$1 million for the Uganda mission to strengthen the capacity of local partners and linkages to improve sustainability/continuity of services to OVC currently being served.

Need to do more systematic mapping of services (public and private) in a geographical areas to ensure coordination but this is time consuming and difficult to keep up to date.

Recommendations for the future:

Increase emphasis on prevention for young people which is currently ‘buried in the OVC guidance under health care’

Evaluation Follow-up Recommendations:

Africare did a baseline but have not as yet conducted a mid-term evaluation.

It will be important to follow-up and ensure that the ‘costed extension’ achieves its sustainability/continuity of service goals as there seems to be some tension within Africare concerning the approach to take.

The Associazione Volontari per it Servizio Internazionale (AVSI)

CTO: Rebecca Krimmel

Program: Increased Access to Care and Support for Orphans and Vulnerable Children (OVCs) in the Great Lakes Region

Countries: Kenya, Rwanda, Uganda and now Cote D'Ivoire (visited in Uganda)

Original start and end Date: Start April 4 2005 to April 3 2009

Central Funding: US \$7,211,884 Matched \$7,923,660

Sub-Partners: Working through an operative network of 82 local partners across the three countries

Evaluation Team Visit Summary:

The evaluation team members, Nicky Davies and Christopher O'Connell, interviewed AVSI headquarter staff, Jackie Aldrette, in Washington before travelling to meet the 5 regional and Uganda country team in Kampala. The team was then taken on a field visit to Kamwokya Area of Kampala to visit grantees Kamwokya Christians Caring Community (Clinic, youth centre and microfinance institution) and Hands of Love (ECD and vocational learning centre). The team then visited Meeting Point International, a network/self-help group of HIV positive women supporting OVC in the Acholi quarter, Kireka area of Kampala.

Programme Description and Key Results:

AVSI has a two-pronged approach to holistic service provision that is focused on a) the individual person and his/her needs, b) and on supporting direct service providers which are deeply embedded in community settings. The entire program combines indirect and direct forms of assistance. Direct assistance, provided through qualified local partner organizations, provides for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Indirect assistance consists of support to quality education, promotion of IGAs, community projects and sensitization, and family support. Training and consultations are provided for individual partners and local networks to address institutional and operational weaknesses and to improve capacity, efficiency and quality. For each child enrolled in the project, AVSI makes an intervention plan with specific proposed activities with two main aims: the education of the child and the promotion of self reliance for him/herself and his/her family.

L.O.A. Progress Tracking Table for OVC Served

Reporting Period April 4,2005 – March 31, 2008	<u>Ugand</u> <u>a</u> <u>Planne</u> <u>d for</u> <u>LOA</u>	<u>Uganda</u> <u>Achieve</u> <u>d to</u> <u>Date</u>	<u>Rwand</u> <u>a</u> <u>Planne</u> <u>d for</u> <u>LOA</u>	<u>Rwanda</u> <u>Achieve</u> <u>d to</u> <u>Date</u>	<u>Kenya</u> <u>Planne</u> <u>d for</u> <u>LOA</u>	<u>Kenya</u> <u>Achieve</u> <u>d to</u> <u>Date</u>	<u>Totals-</u> <u>Planne</u> <u>d for</u> <u>LOA</u>	<u>Totals</u> <u>Achieve</u> <u>d to</u> <u>Date</u>	<u>Total</u> <u>progra</u> <u>m</u> <u>target</u>
Number of PRIMARY DIRECT orphans and vulnerable children (OVC) ever served by an OVC program	6,011	6,624	2,231	2,419	2,894	3,479	11,136	12,522	12,000

Highlights and Promising/Best Practices

To protect against the discontinuation of funds during an education cycle, AVSI is carefully selecting new OVC (to reach final targets) that will be able to finish an educational cycle

before the end of the program in June 2010. Although this gives a bias to the OVC selection, those selected are still ‘vulnerable children’.

AVSI has used the requirements of the OVC Track 1.0 (including the OVC guidance) as an opportunity, rather than an imposition, to strengthen their own, and their sub-partners, project management systems. This attitude allows AVSI to lead by example with their sub-partners reaping the benefit of this professional approach.

Strong commitment to capacity building of partners (5 partners have graduated to be funded externally) through rigorous planning, resource mobilization, M&E (including analysis of data captured as a self-monitoring tool), financial management and reporting, to become more independent.

Although a child sponsorship organization, AVSI supports the whole household to address core needs encouraging ownership of challenges and working towards self-reliance e.g. caregivers are linked to micro-finance and IGAs so that they can increasingly meet the needs of OVC themselves (e.g. educational costs etc).

Effective use of the regional aspect of the program design for cost-effective learning and sharing across the region; including the employment of a regional staff person (Lucia Castelli), rather than replicating her roles for each country. This regional program manager role represents the technical management for this program and country oversight with an additional staff member at HQ level who provides more process-orientated management support (evaluations, workplans etc). This seems to be a different, and effective, program management model.

Creation of a directory of services for each location to increase service linkages / wrap-around

Challenges

The high quality, comprehensive range of services provided by AVSI for OVC (including paid social workers etc) means that AVSI’s cost per child looks high – AVSI are concerned that any cost per child analysis take quality of services provided into account

OVC guidance: Age limit on OVC (up to 18) does not take into account children who start schooling late. The Uganda national OVC definition accommodates children over 18 – this would be useful in other countries where the OVC guidance is followed in the absence of national guidance. Also, some OVC guidance indicators are difficult to measure e.g. direct and supplementary nutrition support

Recommendations for the future

Children should be supported to finish an education cycle (even if this takes them over 18 years of age)

Evaluation Follow-up Recommendations:

Lucia Castelli. provides a considerable level of technical back-stopping and project management support to AVSI in the regional (Kenya, Rwanda, Uganda and now Cote D’Ivoire) and is also an active voice from the field for the OGAC OVC TWG. USAID should try to preserve Lucia role in the region if possible.

CARE

CTO: Christian Fung /Andrea Halverston
Program: Local Links for OVC Support
Countries: Kenya, South Africa
Original start and end Date: April 30 2004 to May 31 2009
Central Funding: US \$5,225,197 Matched \$455,361
Sub-Partners: Kenya: 14 Community Based Organizations, 23 Faith Based Organizations, 20 Primary Schools and 15 Youth Groups; South Africa: 11 implementing partners in Limpopo and the Free State.

Evaluation Team Visit Summary:

Evaluation Team members Nicky Davies and Christopher O'Connell interviewed Bill Philbrick on 30 October 2008 by telephone. On Monday 10 November the evaluation team met with the CARE Local Links staff in Kenya. Local Links staff included Pascal Masila, and Rosemary Mbalwe the HIV/AIDS and CSO strengthening officer. Pascal gave a detailed presentation of the Local Links program in Kenya followed by a brief discussion. The evaluation team then visited the Local Links field office in Kibera slum to meet with the three field officers and then to interview 6 representative CBOs. The evaluation team then visited 'Hands of Love' ECD and vocational training centres, and one Groups Saving & Loan group that had been trained by KOPLHA (Kibera organization of people living with HIV/AIDS). The field visits, and the subsequent journey back to Nairobi, provided extra time to discuss the program with the field officers, and Pascal Masila respectively. On Tuesday 11 November the evaluation team interviewed Pascal Masila, Rosemary Mbalwe, and Stephen O'Kello for 2.5 hours using the prepared questionnaire.

Program Overview:

Local Links for OVC Support project is implemented by CARE in Kenya and South Africa. This project is implemented in one informal urban setting in Kenya (Kibera), and two rural districts in South Africa (Limpopo and Free State.) Local Links uses the savings and loan association model to provide economic strengthening to vulnerable families and community members. They also provide income generating training and mentoring. They also provide capacity building to local community and faith-based organizations, as well as training on psychosocial support, child protection issues, and health.

L.O.A Progress Tracking Table for OVC Served

Reporting Period: (February 2004 OR date of signed agreement – March 31, 2007)	<u>Kenya – Planned for LOA</u>	<u>Kenya – Actual to Date</u>	<u>Uganda – Planned for LOA</u>	<u>Uganda B –Actual to Date</u>	<u>Totals (A+B+ ...n)- Planned for LOA</u>	<u>Totals (A+B+...n)- Achieved to Date</u>	<u>Total Program target</u>
Number of orphans and vulnerable children (OVC) ever served by an OVC program	26,000	28,312	35,000	38,432	61,000	66,744	55,000

Highlights and Promising/Best Practices

- GS&L for OVC caregivers (without injecting any external funding) creates true ownership of the GS&L scheme. It also provides social security network and safe space for problem solving, referrals and input into KOPLHA and its activities which is not so feasible through individual micro-financing
- Linking caregivers to ECD services for 0-8 year old children to build their understanding of children's developmental needs
- Reaching 0-3 year old children through home-based care activities and through establishment of quality-controlled home-based ECDs. In both cases the caregivers are encouraged to engage with activities to improve their understanding of the needs of children and how to respond.
- Linking ECD as an IGA strategy to increase availability of this service and earn income for caregivers of OVC
- Local and national level advocacy for the rights and needs of the urban poor
- CARE now has increased experience of programming for the urban poor and a more child-centred approach to OVC programming

Challenges

- Design of OVC selection and monitoring tools
- Stigma and challenge of 'doing no harm' when trying to focus on the most vulnerable (and affected by AIDS) and when making referrals; need proxy indicators for OVC affected by AIDS rather than proof (particularly for PEPFAR scholarship program which identifies OVC using the death certificates of parents which often don't mention HIV or AIDS)
- CARE noted that without the umbrella coordination of Local Links (regional aspect of the program) some of the program linkages and quality may be weakened over time

Evaluation Follow-up Recommendations:

- Ensure an evaluation of the Local Links South Africa program is conducted
- Ensure that CARE Kenya understands the role that the Kenya Mission is trying to play in relation to the management of the OVC Track 1 program and is responsive to this (with the encouragement of the CTO)

Christian Aid

CTO: Megan Peterson
Program: Community Based Care for Orphans and Vulnerable Children (CBCO)
Countries: Kenya, Nigeria, Uganda and Zambia
Original start and end Date: April 11 2005 to April 10 2009
Central Funding: US \$5,894,958 Matched \$1,700,000
Sub-Partners: Kenya: BIDII and IDCCS, Uganda: YWAM, ACET and CPA Nigeria: GHADS and ADDS, and Zambia: CDN, CHEP, ADL and FHT

Evaluation Team Visit Summary:

No headquarter interviews were conducted prior to the filed visit. The Evaluation Team members Nicky Davies and Christopher O'Connell visited Christian Aid in Kenya on Wednesday, November 5, 2008. Karl Hughes and Jane Machira from the Christian Aid Kenya office joined the Evaluation Team on a site visit to two projects supported by their sub-partner, BIDII, in the rural Machakos District. The first visit was to observe a youth group meeting at a school, and the second was to observe a meeting of a Savings and Loan Association made up of OVC guardians and older orphans. Informal discussion were held with both groups concerning the support they had received from the Christian Aid Program

Program Overview:

The CBCO program uses Savings and Loan Associations (SLA) as an entry point to provide services to OVC. The SLAs are made up of OVC caregivers including older orphans who are heads of households. They are organized, trained and monitored by Christian Aid's indigenous sub-partners. In addition to economic strengthening, the SLAs have several other tasks related to orphan care, such as conducting regular OVC household monitoring visits, and managing food and nutrition "self-help" projects, funded by the SLA, and implemented by the SLA members. In addition, the SLAs help identify the neediest children for educational support.

In addition, Christian Aid and its sub-partners train older OVC to form and lead kids clubs and youth clubs, providing health, HIV prevention and psycho-social support to OVC.

L.O.A Progress Tracking Table for OVC Served - April 11, 2005 to March 31, 2008

Reporting Period:	Kenya = Planned for LOA	Kenya = Actual to Date	Uganda Planned for LOA	Uganda Actual to Date	Zambia Planned for LOA	Zambia Actual to Date	Nigeria Planned for LOA	Nigeria Actual to Date	Totals (A+B+...n)- Planned for LOA	Totals (A+B+...n)- Achieved to Date	Total Program target
Number of orphans and vulnerable children (OVC) ever served by an OVC program	2,625	6,206	7,600	12,409	15,250	14,879	5,000	2,497	29,375	35,991	25,000

Highlights and Promising/Best Practices

- Christian Aid's approach of using the SLAs as an entry point to providing other OVC services seems very promising and sustainable. Their initial approach was to

- build OVC Support Committees, of which the SLAs was an offshoot; however, they observed the SLAs were much stronger structures, so moved the OVC monitoring from the OVC Support Committees to the SLAs, and report great success.
- Christian Aid's M&E system is very strong. One key promising practice of this system is its ability to track each service down to the specific sub-activity provided to the beneficiary. Instead of simply marking that an OVC received economic strengthening support, for example, their system notes on a monthly basis what exact sub-activities were provided, such as participation in the SLA, received a loan, or if they receive business training.

Recommendations for the future

- Effective use of the regional aspect of the program design for cost-effective learning and sharing across the region; including the employment of a regional staff person (Karl Hughes), rather than replicating his roles for each country. This regional program manager role represents the technical management for this program and country oversight. A full case study of benefits of the regional aspect of the program design can be found in annex ##. This should provide useful information to support the recommendation for the inclusion of technical back-stopping and regional sharing and learning included under *Section ## Recommendations for the future role of centrally managed/funded mechanisms to support OVC programs.*

Evaluation Follow-up Recommendations:

- OVC definitions will need to be harmonized between the mission and the partner. Any OVC currently outside the mission's definition will need to be carefully handled.
- Indigenous sub-partner BIDII was reportedly one of the strongest subs. They appeared to be a strong organization, though still required more training to be able to sustain their programs without regular monitoring and support from Christian Aid.
- Christian Aid's sub-partner, BIDII, has participating in local government forums. Christian Aid should ensure they are also engage with government structures at different levels directly.
- Any future work with Christian Aid should ensure that their program design builds on gaps identified by the national strategic plan and other national data sources, and that Christian Aid is therefore 'used' to best effect.

Minor note: Need to ensure that Christian AID checks their data before submitting figures e.g. the above copied results table is inaccurate (*Totals (A+B+...n)- Planned for LOA* total of 29,375 is not correct and should be 30,475)

Christian Children's Fund

CTO: Colette Bottini
Program: Weaving The Safety Net (WSN) Program for Orphans and Vulnerable Children and Youth affected by HIV/AIDS in Kenya
Countries: Kenya (although initially applied for Ethiopia and Uganda too)
Original start and end Date: Start March 18 2005 to March 17 2010
Central Funding: US \$3,183,965 Matched \$1,680,584
Sub-Partners: K-REP, Pathfinder international, (contracting TA partners - AED for training on ECD and mother mentoring, and REPSSI on training PSS, conference assistance, and sharing best practice. 80 local implementing partners.

Evaluation Team Visit Summary:

William Fleming was interviewed by the evaluation team members Nicky Davies and Christopher O'Connell on 30 October in Washington DC. The evaluation team members visited Christian Children's Fund in Kenya on November 6-7, 2008. On November 6 the team was briefed at the WSN office by 7 of the 21 WSN staff, led by Daniel Kinoti (WSN Manager) and Rose Kerubo (WSN Coordinator). Rose Kerubo joined the Evaluation Team on site visits to 4 projects and to meet one beneficiary. The 2 WSN youth officers joined the team at various points and the relevant Community Development Facilitator was present at each project site visited. On November 7 the evaluation team visited WSN sub-partners: PathFinder Kenya and K-REP to conduct interviews (no WSN staff were present). Finally the evaluation team met with Daniel Kinoti and Dennis O'Brian at the Kenya CCF Country Office.

Program Overview:

CCF's Weaving the Safety Net (WSN) Project is a 5-year program with the overall goal of reducing the impact of HIV/AIDS on 63,325 orphans, vulnerable children and adolescent youth in Thika and Kiambu districts in Kenya's Central Province. To meet this goal, CCF interventions integrate direct child support, assistance to families/caregivers and government and community support systems. WSN's activities in support of orphans and vulnerable children (OVC) and their caregivers include community mobilization and the following program interventions: educational support, vocational training, child protection, psychosocial support (PSS), home based care (HBC) for People Living with HIV/AIDS (PLWHA), micro-credit support to OVC caregivers and vulnerable households, health care, shelter, food/nutrition, advocacy and policy influence.

L.O.A. Progress Tracking Table for OVC Served

Reporting Period (March 2005 OR date of signed agreement – March 31, 2008)	<u>Country</u> <u>A –</u> <u>Planned</u> <u>for LOA</u>	<u>Country</u> <u>A –</u> <u>Achieve</u> <u>d to</u> <u>Date</u>	<u>Total Program target</u>
Number of orphans and vulnerable children (OVC) ever served by an OVC program	46,600	43,757	63,325

Mid-term results (March 2008) indicated that WSN has served 63% of the total OVC targets to be served within the 5 year period and surpassed the 5 year target for caregivers trained.

Highlights and Promising/Best Practices

- Capacity building of local CBOs/FBOs, together with local government structures (particularly Area Advisory Councils), to ensure longevity of programs and implementation of national policies
- CCF's commitment to using strategies that ensure sustainability as much as possible e.g. the selection of implementing CBOs/FBOs using capacity assessment tools with the direct involvement of the local government office of the District Development Office. The engagement of local Government official aims to facilitate sustainability of services by building trust, mutual understanding and respect between the local government and CBOs/FBOs
- WSN support for vocational training for young people including PSS activities (for all pupils attending the school not just those sponsored by WSN) and the provision of a toolkits to help graduates start their own business
- CCF's early attention to building the confidence and skills of CBOs and FBOs to mobilize their own resources through fundraising, creating partnerships and linkages, and mobilizing material donations

Challenges

- There were indications that micro-financing through K-REP may not be the most appropriate economic strengthening approach for the WSN program. A SLA approach may be a better starting point for rurally based caregivers.
- WSN will continue to build the capacity of local partners to maintain services for OVC using external resources – this is still work in progress.

Evaluation Follow-up Recommendations:

- OVC definitions will need to be harmonized between the mission and WSN. Any OVC currently outside the mission's definition will need to be carefully handled.
- If the OVC currently being served under WSN are folded under APHIA II, USAID should try to use CCF's experience of implementing a range of services for OVC and give them a greater role in APHIA II implementation – particularly as they are child-focused and are therefore more likely to innovate in this area.

Family Health International

CTO: Christian Fung/Andrea Halverston
Partner: Family Health International
Program: Faith-Based Regional Initiative for Vulnerable Children (FABRIC)
Countries: South Africa, Zambia, Namibia (visited in Namibia and Zambia)
Start and End Date: 22 August 2005 – 21 August 2010
Central Funding: US\$ 9,261,181 Matched Funding: 0
Sub Partners Names in CA (and which ones were visited)

FABRIC works through three umbrella faith-based organizations:

- Previously Church Alliance for Orphans (CAFO) in Namibia, and now Positive Vibes (both visited in Namibia)
- Expanded Church Response (ECR) (visited in Zambia),
- Southern African Catholic Bishops' Council (SACBC) in South Africa

Evaluation Team Visit Summary:

Evaluation Team members DeeDee Yates and Muiyiwa Oladosu visited Family Health International in Zambia and Namibia. In Zambia the team met with Catherine Mukwakwa the FABRIC Project Director who also serves as the country technical officer for Zambia. They then met with a team from the local sub-partner Expanded Church Response in Lusaka for an in-depth interview. In Chingola, in the Copper Belt Province, the team met with two community groups who are sub-recipients of ECR: Oasis of Love project of the Evangel Assembly and the Muliba Mfiliwa Community School. At both sites, the team held a discussion with the local committee members many of whom also serve as volunteer caregivers. In Namibia the team interviewed the new FHI technical officer for OVC Marika Matengu, and met with the previous local partner CAFO, and the new local partner Positive Vibes both with offices in Windhoek. A written response was received from the previous senior technical officer for OVC, Lucy Steinitz.

Programme Description and Key Results: 2008 March semi-annual reports

Reporting Period (October 2005 – March 31, 2008)	<u>Zambia</u> – <u>Planned for</u> <u>LOA</u>	<u>Zambia</u> – <u>Achieved to</u> <u>Date</u>	<u>Namibia</u> – <u>Planned for LOA</u>	<u>Namibia</u> – <u>Achieved to</u> <u>Date</u>	<u>RSA</u> – <u>Planned for</u> <u>LOA</u>	<u>RSA</u> – <u>Achieved to</u> <u>Date</u>	<u>Totals</u> – <u>Planned for</u> <u>LOA</u>	<u>Totals</u> – <u>Achieved to</u> <u>Date</u>	<u>Program</u> <u>target total</u>
Number of orphans and vulnerable children (OVC) ever served by an OVC program	22,500	4,599	28,000	2,376	27,000	8,156	77,500	15,131	53,200

The Faith-Based Regional Initiative for Vulnerable Children (FABRIC) program is providing care and support to orphans and other vulnerable children (OVC) in Namibia, South Africa and Zambia. FHI has made sub-grants to three faith-based umbrella organizations: Church Alliance for Orphans (CAFO) in Namibia, Expanded Church Response (ECR) in Zambia, and Southern African Catholic Bishops' Council (SACBC) in South Africa. The key strategy of the FABRIC program is to strengthen the capacity of these three large umbrella faith-based organizations to manage small grants programs, which will fund congregations and

member organizations to provide OVC care and support activities. FABRIC is in its third year of implementation. All three organizations have a substantial number of church groups under them. FABRIC partnered with 29 sub-recipients (five less than in the second year) through the three major FBOs (CAFO, SACBC and ECR) that it partners with. Of these, six are in Namibia, eight in South Africa and 15 in Zambia.

As the table above clearly shows FHI/FABRIC has not reached its original targets in the cooperative agreement. These targets have since been renegotiated with Washington and country missions. FHI reported that the original cumulative targets were an error, and were re-negotiated after the realization that the cumulative targets did not take into consideration that the same children, not only new children, would continue to be served each year. The new planned targets were reached each year.

FHI/FABRIC has provided capacity building through training to its three primary sub-partners, which they call implementing agencies. These three are all established church development agencies in support of orphans and vulnerable children. These sub-partners in turn make sub-grants to local community groups who support orphans and vulnerable children. The groups may be either parish/church based or inter-denominational, but in all cases they serve children from any or no religious affiliation.

These sub-recipients have been trained in counseling, financial and grant management, monitoring and evaluation, and community support for orphans and vulnerable children. All the sub-recipients act as volunteers for their organization and have no paid staff. These sub-recipients have targets of children served, and often struggle to meet these targets given the funds available from the FBO umbrella organization. Common challenges reported include: volunteer attrition due to lack of incentives and lack of transport, difficulty to give adequate educational services given the high cost of schooling in some countries, overwhelming need for food seen in some communities to which they cannot adequately respond. The local organizations and committees have met these challenges by raising funds and material resources from other sources. Many report substantial successes in fund raising from the private sector, members, and other international foundations and organizations. All the organizations are enthusiastic about continuing their work and feel they could meet more needs or more children given more resources.

Highlights and Promising/Best Practices

The local implementing agencies – the umbrella FBOs – seem strong, focused, and able to continue the work with little outside assistance. CAFO is now a New Partner, and is no longer receiving funds from FABRIC. ECR is part of the RAPIDS bi-lateral OVC program in Zambia, and SABC has received funds directly from the field office for prevention work. It is not possible to attribute all the success of the local partner organizations to FHI since all the local partners received substantial support from other donors, including other USG programs. But FHI/FABRIC did assist in building the capacity of the organization to make sub-grants to small organizations. FABRIC envisions helping Positive Vibes achieve independent status within the short time remaining of the Track 1 grant.

Positive Vibes is a young organizations specializing in developing the leadership of people living with and affected by HIV and AIDS, including children. They have particular tools they have piloted to improve the self esteem and self expression of children, allowing them to speak to caregivers and decision makers about their issues in their terms. Although not a faith-based organization Positive Vibes also makes small grants available to support groups of people living with HIV and AIDS with which to help affected children.

Challenges

FHI/FABRIC reports that volunteer attrition as a key concern. This represents a loss of assets for the local organizations and brings into focus questions on sustainability. However, the committee members who have been trained expressed their own satisfaction with what they had learned from the umbrella organization. Many committee members are themselves caring for children and providing information to others in the community, so in that respect the skills and expertise to address needs of children will remain in the community.

FHI reports, and the evaluation team heard, that sub-recipients – church and ecumenical committees – receive very little funds given the need and demand for their services. The range of the sub-grant is US\$1,500 –to US\$10,000. At one church group in Zambia the committee reported receiving only the equivalent of US\$20 per child for 300 children. This group targets children on the street and re-integrates them into their own or into another family. School fees alone for these children would realistically be in the range of US\$70 per child.

Evaluation Follow-up Recommendations:

- Prepare organizations in all three countries to transition to other funding sources to allow for continued support to community groups caring for children.
- Assist Positive Vibes to distill and document the essential ingredients and approaches needed to give children and youth a voice. Share these widely.

Hope World Wide

CTO: Pamela Wyville-Staples
Partner: Hope World Wide with Rotarians for Fighting AIDS, Coca Cola Africa, School of Public Health and Nursing Emory University
Program: The Africa Network for Children Orphaned and at Risk (ANCHOR)
Countries: Botswana, Cote d'Ivoire, Kenya, Nigeria, South Africa, Zambia (visited in Zambia)
Original Start and End Date: 18 March 2004 – 17 March 2010
Central Funding: US\$ 8,190,607 Matched: US\$ 409,530
Sub Partners: Country level affiliates of the above partners are involved at country level.

Evaluation Team Visit Summary:

Evaluation Team members DeeDee Yates and Muiyiwa Oladosu spoke to Portia Nkosi the ANCHOR Regional Manager and Fikile Dlali based in South Africa. The team met with and interviewed three HWW Zambia staff in Lusaka.

Programme Description and Key Results: 2008 March semi-annual reports

: L.O.A Progress Tracking Table for OVC Served

Reporting period (Oct 07 – Mar 08)	Botswana Planned	Botswana Actual	Cote d'Ivoire Planned	Cote d'Ivoire Actual	Kenya Planned	Kenya Actual	Nigeria Planned	Nigeria Actual	South Africa Planned	South Africa Actual	Zambia Planned	Zambia Actual	TOTAL Planned	TOTAL Actual
Number of OVC ever served by an OVC Program	10750	5533	31000	31185	25300	1200	23100	6002	30000	28600	19935	12944		
Program target total												146,000		

HWW works through HWW in-country to reach community and faith based organizations. The level of involvement of the different partners varies from country to country, with HWW being the lead in all countries, and RFFA active in all countries. Coca-Cola Africa primarily provides funds and material support, while the team had no evidence of the involvement of Emory University. ANCHOR works through established or new community groups, schools, and support groups. Training on psycho-social support, leadership, governance and micro enterprise development is given to these organizations and they are given some material support. The list below gives some indication from 2008 of how many such organizations were engaged with ANCHOR.

- Botswana – 20 schools and ECD centers and 4 clubs
- Cote d'Ivoire 38 local organizations
- Kenya – 89 local organizations (CBOs)
- Nigeria – 12 local organizations (CBOs)
- South Africa – 55 schools and local organizations
- Zambia – 32 schools and 18 CBOs.

Training is done in collaboration with the Regional OVC Organizational Support Initiative (ROSI) within HWW.

Highlights and Promising/Best Practices

HWW partners in country are able to leverage private sector funding for food and material assistance.

ANCHOR has an impressive network of schools and community organizations in the six countries. These seem to function best when they are part of or are established existing organizations or institutions such as schools or PTAs. Local organizations are helped to develop financial and M and E systems. Partnerships with schools and local government structures offer possibilities of sustainability

The establishment, with SIDA funding, of the ROSI offered additional resources and expertise for community capacity development.

HWW receives bi-lateral support from the South Africa Mission for its work with Kid's Clubs in several sites.

Challenges

HWW did not begin with a local capacity development approach, and has since found that local organizations may not be in a position due to leadership problems, planning constraints, and financial management constraint, to implement on the grounds. Establishing community child care forums (CCFs or there equivalent) is time consuming and most involve all local stakeholders. The committees may understandably think that since they were formed by HWW, HWW also has some responsibilities to maintain them and provide continuing financial support.

There does not appear to be a clear plan for building up communities' abilities to continue the care provided with ANCHOR. Many of the country programs complain of lack of volunteer commitment and the dependency on HWW or partners for material support. These points again to an under-developed community capacity approach.

HWW in South Africa is breaking away from the HWW brand US and is becoming Olive Leaf. This move has impacted negatively on the Zambia program as they are uncertain as to funds for 2009. In fact Zambia was not represented in the ANCHOR 2008 semi-annual report. This transition must be managed carefully. HWW Zambia does not want to become Olive Leaf and values its contacts with HWW. .

Evaluation Follow-up Recommendations:

- Country level HWW programs need to apply a more systematic approach to community development
- The CTO to get a clearer picture on what is happening in the transition from HWW to Olive Leaf and how this will affect the other 5 countries.

Plan International

CTO: Pamela Wyville-Staples
Program: Breaking Barriers (BB)
Countries: Kenya, Uganda, Zambia
Original start and end Date: April 4 2005 to April 3 2009
Central Funding: US \$8,000,000 Matched \$4,658,089
Sub-Partners: World Conference of Religions for Peace and Save the Children US (and their in-country affiliates)

Evaluation Team Visit Summary:

Helene Montiel, Plan USA was interviewed by the evaluation team members Nicky Davies and Christopher O'Connell on 30 October in Washington DC. The evaluation team members interviewed two staff from Inter Religious Council of Uganda (IRCU) and two staff from Save the Children in Uganda (SCinUG) on 13 November in Kampala. The evaluation team visited the Breaking the Barrier work in the Tororo on 18 November. Interviews were conducted with Tororo District PI staff, 10 teachers trained by PI through BB, and 15 religious leaders trained by IRCU. The evaluation team interview 3 Uganda Plan International staff on 19 November in Kampala

Program Overview:

Breaking Barriers was initially spearheaded by Hope for African Children Initiative (HACI), which has since closed down, in collaboration with partner organizations. In Uganda, these partners include Save the Children US, Plan International Uganda and Inter-Religious Council of Uganda (IRCU). Plan country offices in Kenya and Zambia have taken over coordination of the BB projects in their respective countries. The project's mandate is to expand sustainable, effective, quality programs in education, psycho-social support and community-based care for OVC and families affected by HIV and AIDS. This is implemented through both formal and informal school networks and religious institutions as a coordinated platform for rapid scale up and scale out. The initiative was a response to the high prevalence of OVC mainly due to the proliferation of HIV and AIDS and high incidences of poverty in the project countries.

L.O.A. Progress Tracking Table for OVC Served

Reporting Period (February 2006 date of signed agreement – March 31, 2008)	Country <u>KENYA</u> <u>Planned</u> <u>for LOA</u>	Country <u>KENYA</u> <u>Achieved</u> <u>to Date</u>	Country <u>UGANDA</u> <u>Planned</u> <u>for LOA</u>	Country <u>UGANDA –</u> <u>Achieved to</u> <u>Date</u>	Country <u>ZAMBIA –</u> <u>Planned for</u> <u>LOA</u>	Country <u>ZAMBIA –</u> <u>Achieved to</u> <u>Date</u>	Totals <u>Planned for</u> <u>LOA</u>	Totals <u>Achieved to</u> <u>Date</u>	Total <u>program</u> <u>target</u>
Number of OVC ever served by an OVC program	41,672	46,412	67,493	76,322	22,480	16,429	131,645	139,163	150,000

Highlights and Promising/Best Practices

- Save the Children in Uganda (SCinUG) CHANCE informal school approach
- There is an extensive list of highlights which can be reviewed from the Breaking Barriers mid-term evaluation

Challenges

- Closure of HACI in 2007 resulted in funding constraints as HACI was to provide 50% cost share, and also planning, supervision and coordination challenges

- Late approval of workplans and limit annual financial obligations have made planning difficult and exacerbated partners relations problems which were already difficult due to the closure of HACI
- Inadequate time for the project design resulted in the ‘triangular approach’ not working in Uganda as: a) SCinUG were not willing to start programming in the same areas as Plan; b) a capacity assessment may have identified the weaknesses within IRCU which have proven problematic; c) and awareness of the Uganda Government regulation preventing NGOs working with formal and informal schooling from operating in the same area
- Poor flow of funding to partners both in terms of amounts and timing of money received
- All three partners had inadequate capacity to deliver the program as designed - insufficient personal, support staff and vehicles budgeted for
- BB has suffered from having to overcome the expectation within the community that Plan will provide all the resources and solutions
- Inadequate attention has been paid to sustainability or community ownership of programs, particularly the omission of the establishment of economic empowerment strategies
- IRCU has not been able to implement the advocacy component of this project adequately
- There is poor communication and coordination of activities as all levels: at the community level IRCU trained religious leaders and Plan trained teachers work separately, and do not communicate (even concerning monitoring)
- IRCU trained religious leaders feel like they are ‘still undoing the damage to family cohesion and stigma created by Plan’s old way of working!’ (sponsoring one child in a family).

Evaluation Follow-up Recommendations:

- Section 9.5 of the BB mid-term evaluation point to some specific areas of sustainability that the OVC Track 1.0 evaluation team agree need to be addressed urgently:”
 - Advocacy be given more prominence
 - Enhancing community capacity for self-reliance
 - More engagement with local CBOs
 - Other mechanisms may include matching the communities and schools with alternative partners, initiating school-based child to child campaigns, supporting school gardening to boost feeding programs, giving support to public health facilities among other ways to strengthen sustainability aims (reference: Mid-term evaluation of the Breaking Barriers project - final report, April 2008)
- Each partner is addressing services continuity issues in its own way: IRCU aims to use its existing mission funding to continue service delivery in Uganda. Save the Children in Uganda is trying to register its CHANCE informal schools with the Ministry of Education. Plan International will use their sponsorship funds. Funds to provide follow-up training to ensure the quality of PSS support provided by teacher and community caregivers is most at jeopardy when the program finishes.

Project HOPE

CTO: Rebekah Krimmel
Partner: Project HOPE
Program: Sustainable Strengthening of Families of Orphans and Vulnerable Children in Mozambique and Namibia
Countries: Mozambique and Namibia (visited in Namibia)
Original Start and End Date: 04 April 2005 – 02 April 2010
Central Funding: US\$ 8,606,213 Matched: US\$ 1,093,410
Sub Partners: No project partners.

Evaluation Team Visit Summary:

Evaluation Team members DeeDee Yates and Muiyiwa Oladosu spoke to John Bronson, Director of Income Generation Projects at Head Office. They met with the Project HOPE team in northern Namibia which included the Regional Director who is acting country director. They also visited a micro-lending group consisting of 10 women in Ongwediva in northern Namibia.

Programme Description and Key Results: 2008 March semi-annual reports

Reporting Period (April 4, 2005 – March 31, 2008)	Mozambique		Namibia		Total		Program target total
	Planned for LOA	Achieved to date	Planned for LOA	Achieved to date	Planned for LOA	Achieved to date	
Orphans and Vulnerable Children							
Number of orphan and vulnerable children (OVC) ever served by an OVC program	50,094	31,823	17,750	8,164	75,000	39,987	75,000
Number of providers/caretakers trained in caring for orphans and vulnerable children	13,125	5,069	5,379	2,251	21,737	7,320	

Project HOPE works directly with guardians and parents of orphans and vulnerable children providing them with small loans and business training through a Village Health Bank group model. The loan is accompanied by a 10 session (18 sessions in Namibia) health and parenting course which is delivered every two weeks at the same time as loan repayments are made. Overall program targets changed downward in discussion with Washington based on the need to meet new standards of care in country and a revised health curriculum.

Highlights and Promising/Best Practices

The combination of a solidarity group, with micro-financing, with a health and parenting curriculum, seems to draw on the best from many models. Working directly with parents and guardians has somewhat alleviated the need for volunteers to deliver services for children. The health and child development curriculum has potential to build families' capacity to address the emotional and physical needs of children in their care. At a Village Health Bank meeting several women offered stories of how the training assisted them in dealing with

difficult or withdrawn children in their family. The importance of this simple, but fundamental, type of family support cannot be over stated.

Project HOPE demonstrates flexibility and responsiveness to the country missions. In Namibia Project HOPE is now also a recipient of bi-lateral support from the mission and agreed with the mission upon revising its targets downward for this program in order to meet the draft Namibian Quality Standards first presented in 2007.

The program is also responsive to local needs and has made many adaptations in the life of the project. For example they created a claim form so that volunteers could assist families to obtain certain essential services and be reimbursed for any costs attached.

Project HOPE has very strong monitoring systems which was used by USAID in Mozambique. In Namibia they and undertook some baseline research on the situation of children in households in the target area. Project HOPE has adapted its monitoring system and focuses on collecting only essential data which will be used to guide the program. Though this might seem obvious many organizations collect massive amounts of data the use and purpose of which is unclear. In Namibia they collect socio-economic information on the guardians/parents at the start of the VHB activities and again after a year using 12 straight forward indicators.

Challenges

Measuring the change brought about in a household and upon the children in that household due to improved economic activity of the caregiver has been a challenge. Project HOPE has met this with improved M and E tools and the use of volunteers to engage at household level.

The purpose of using volunteers in a program that targets guardians and parents is not always apparent. The volunteer's main role seems to be to monitor and support the implementation at household level of the health and development lessons. It is unclear whether or not the volunteers have the capacity to do this, and whether or not they are needed.

Project HOPE has not worked through a local micro-financing partner although some links have been established with Koshi-Yomuti in Namibia and with ProCredit in Mozambique.

Another challenge to the project design may be the reliance on retail businesses. 80% of those taking loans use their funds for retail activities. To address this Project HOPE has hired a consultant to undertake a business opportunity assessment. This is a very good opportunity to look at product diversification.

Evaluation Follow-up Recommendations:

- Project HOPE could receive bi-lateral funds from the missions and could also find a local partner to take on some of the lending responsibilities. In Namibia Project HOPE is looking at becoming a locally registered lending agency. Project HOPE is using a grant from HIVOS to explore options for sustainability.
- Continue developing the M and E system including the use of the child status index and share with other USAID partners

- Explore how the activities could be adapted for a male audience. As Project HOPE is moving in to more work with youth headed households this might be useful.

World Concern

CTO: Pamela Wyville-Staples
Partner: World Concern Development Organization
Program: Hope for Children Affected by HIV/AIDS
Countries: Kenya, Zambia, Haiti (visited in Namibia and Zambia)
Original Start and End Date: 30 September 2004 – 29 September 2009
Central Funding: US\$ 9,913,78 Matched: US\$ 3,630,400
Sub Partners

Kenya: World Relief; Nazarene Compassionate Ministries, Medical Assistance Program, Food for the Hungry Kenya, Christian Reformed World Relief Committee, World Concern with World Relief as the in-country lead.

Zambia: Christian Reformed World Relief Committee (CRWRC), World Hope International Zambia, Operation Blessing International, and Nazarene Church Mission Zambia with CRWRC as the in-country lead.

Haiti: Christian Reformed World Relief Committee (CRWRC), World Hope International, World Relief, World Concern, Salvation Army, and Operation Blessing International with World Concern as the lead in-country agency.

Evaluation Team Visit Summary:

Evaluation Team members DeeDee Yates and Muiyiwa Oladosu visited the programme office in Zambia that is situated with the in-country lead CRWRC. They also had a meeting with one of the local sub-partner Nazarene Compassionate Ministries Zambia (NCMZ). At both meetings a number of personnel were present.

Programme Description and Key Results: 2008 March semi-annual reports

Reporting Period (February 2004 – March 31, 2008)	<u>Zambia – Planned for LOA</u>	<u>Zambia – Achieved to Date</u>	<u>Kenya – Planned for LOA</u>	<u>Kenya – Achieved to Date</u>	<u>Haiti – Planned for LOA</u>	<u>Haiti – Achieved to Date</u>	<u>Totals – Planned for LOA</u>	<u>Totals – Achieved to Date</u>	<u>Program target total</u>
Number of orphans and vulnerable children (OVC) ever served by an OVC program	68,000	61,528	60,000	49,590	22,500	21,208	150,500	132,326	150,500

World Concern is the lead agency for a consortium of nine members of the Association of Evangelical Relief and Development Organizations (AERDO) implementing projects to support orphans and vulnerable children affected by HIV and AIDS. In each of the three countries a different member acts as the in-country lead. Each member then has its own local sub- partners– churches, community based organizations and faith based organizations through whom it works.

As the table above clearly shows World Concern is on track to meet its targets. According to the table breaking down which services children have received, the Psycho-social support services (described as at least one home visit or attendance at one special event in the 6 month reporting period) have the largest number of children, 24,948, followed by Food and Nutrition. The vast majority of children reached in all three countries are in the 5 – 17 age group.

Highlights and Promising/Best Practices

Working with a number of partners in the consortium, this programme was able to reach remote areas through working with actual churches/parishes. In Zambia the programme used church leadership structures to decide on which communities to approach. This helped build a sense of local control and ownership.

As one sub-partner explained in Zambia, “church activities for children may be compromised when the program stops, but they will not cease.” This seems to sum up the primary strength of this project – it’s linkages with local community level organizations.

Challenges

Various external factors – such as the devaluation of the dollar and post-election violence in Kenya – are a challenge to the program in all countries. Certain programmatic issues remain a challenge. In Zambia, the high number of children who could be eligible for the program is a challenge given the limited financial and human capacity of the partners. This is a consistent message from many partners in many counties.

Working on economic strengthening activities, such as small scale income generating (poultry, pigs and sewing) are seen as one response.

The number of international partners within the Hope for the Children Affected by HIV/AIDS Program may inhibit the focus on local partners. Local partners’ issues may not be internalized by the in-country lead partner, which has its own local partners to attend to.

The number of local partners, while offering promise of continuity of services, also becomes a capacity development challenge. In Zambia the team heard that the project moves out of a community after only one year, in order to move on to another community, so as to reach the target number of children. The team felt that this might compromise the ability of a community to continue to offer quality services.

High staff turnover within the in-country lead partner may result in capacity issues and a lack of ability to give sufficient technical assistance to local partners.

Volunteer attrition was reported as a challenge for in-country partners and sub-partners.

Evaluation Follow-up Recommendations:

Consider ways to link other aspects of an organization’s work with its Track 1 OVC work. Some of the partners are also NPI partners working in prevention. Concentrate in the remaining life of the project on strengthening existing partner communities to continue to offer some support to orphans and vulnerable children and to identify resources in and around their locality that could be mobilized in support of vulnerable children.

APPENDIX F: REFERENCES

This is the final appendix. It should be followed by the ‘inside back cover’ and ‘back cover’ pages.

List all references alphabetically by author (or publishing organization, or title, if no author).

AUTHOR

- One author: Last name [comma] first name middle initial [period]
Doe, John H.
- Two to three authors: For subsequent authors, first name first [period]
Doe, John H. and Henry Smith.
- Four or more authors: Initial [period], last name [separated by commas] [period]
Doe, J.H., B. Goode, H. Smith, and M. Jones. In the text reference, you may list the primary author and then ‘et al.’ For example, (Doe et al. 1998:416).
- No named author, but document issued by government, international, or professional body: Organization that issued document listed as author.
United Nations, Department of International Economics and Social Affairs. *Population Growth in the Developing World.*
- No named author or organization: Start citation with title.
***Family Planning and Nutrition Programs.* Chicago: University of Chicago Press, 2006.**

TITLE

- Of a book, journal, or bound published report: Italics [period]
Global AIDS: Myths and Facts.
- Of a chapter in a book: Quotes around chapter title [period inside quotes] followed by the name of the book in italics.
“Expanding Populations in Asia.” In *The Population Explosion.*
- Of a magazine article: Quotes around article title [period inside quotes] followed by journal title in italics [comma], volume (issue) [colon] and page number(s) (optional).
“The Emerging Health Crisis.” *Newsweek*, 37(4):45–57.
- Of a paper prepared for a conference: Quotes around title [period inside quotes] followed by “Paper prepared for” and name, place, and date of meeting.
“Maternal Health Care in Crisis.” Paper prepared for Conference on World Population in the Year 2010, Nairobi, September 2000.

- If part of a series: Following title [period inside quotes] series name [in italics] and number.
“Weekly Changes in Policies, Procedures, and Performance Standards.”
GH Tech Occasional Paper No. 4.

PUBLISHER

- Place of publication [colon] publisher [comma] date of publication [period]
Washington, DC: Global Health Technical Assistance Project, May 2007.
- Draft, in print or unpublished: Indicate [in parentheses] at end, after [period].
Washington, DC: Global Health Technical Assistance Project, May 2007.
(Draft)
- Undated: [in parentheses] at end, after [period].
Washington, DC: Global Health Technical Assistance Project. (Undated)

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